



## MDs Advised to Accept Use Of Anabolic Steroids in Sports

Medical Tribune World Service

HAMILTON, NEW ZEALAND—The use of anabolic steroids by certain types of athlete to build weight and muscle is a fact of life, and the medical profession should accept it realistically, in the opinion of a British physician.

The role of the doctor should be to attempt to persuade those using steroids to take them in dosages that are unlikely to cause harm, according to Dr. John G. P. Williams, medical director of Fernham Park Rehabilitation Center and a consultant in physical medicine at Mount Vernon Hospital.

Dr. Williams, who was speaking at the biennial conference of the New Zealand Federation of Sports Medicine here, said that a number of controlled studies have shown that anabolic steroids can be used constructively and relatively safely.

Later, in a MEDICAL TRIBUNE interview, he explained that he does not encourage patients to take steroids, "but when an athlete patient tells me he is going to take

steroids, and he is determined to do it, I ask him to do it under my supervision."

"I prescribe a relatively low dosage and follow through to check results and watch for any side effects. If athletes are going to take such drugs, we may as well have it done under conditions where we can learn something about their effects."

The prescription is given only after a medical examination, and Dr. Williams requires regular medical checks during treatment.

Medical Tribune World Service

AUCKLAND, NEW ZEALAND—A leading official of the New Zealand Federation of Sports Medicine, Dr. Worwick M. Smeeton of this city, said he was "appalled" at Dr. John G. P. Williams' defense of the prescription of anabolic steroids in athletes.

"We cannot accept his line of reasoning," he said. "The drugs are banned by the Olympic and Commonwealth Games bodies and rightly so."

## Hospital for the Jet Set



The Instituto Médico Costa del Sol recently opened in Spain's sunny coast. Known as Incosol, it is a combination luxury resort and health care center for the patient who wants both at once.

## news index

CLINICAL NEWS NOTE: "In perplexing clinical problems, a history of recent travel or a stay out of the country are important aspects of case history taking for practitioners." (Dr. W. Peter Cockshott, in page 1.)

### Medicine: pgs. 1, 2, 5, 9, 16, 17, 21, 25, 29

Limited genetic information regarding diabetes makes it difficult to offer genetic counseling or to attempt eugenic measures . . . . .

Tuberculosis program in Texas provides services to residents of 254 counties covering 275,416 square miles . . . . .

Diabetes studies of East and West show striking differences in incidence and complications of diabetes . . . . .

Respiratory virus increase is forecast in people and animals throughout the world in the next 30-40 years . . . . .

Food contamination is causing increasing concern in Japan, where food poisoning has risen recently . . . . .

### Ob/Gyn: pgs. 2, 17

"Managed childbirth" using oxytocin is recommended for wider use by the physician who perfected the technique . . . . .

### Psychiatry

Telephone distress calls should be handled by a physician, preferably a psychiatrist, according to a suggestion by a Warsaw physician . . . . .

### Research: pgs. 5, 8, 31

Cancer cell growth may be cut by phenylalanine ammonia-lyase, which destroys an essential amino acid in the blood that cancer cells cannot live without . . . . .

Responsiveness of rats to certain centrally acting drugs has been found to increase with age . . . . .

### Surgery

Prompt surgery is recommended for injury to the ulnar collateral ligament of the metacarpophalangeal joint of the thumb, a frequent occurrence in sports . . . . .

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## Tropical Diseases on Upturn In N. America, Experts Warn

Continued from page 1

...tally because the lesion is deep-seated and can only be displayed by radiologic or nuclear medicine methods," he said.

Dr. Cockshott also pointed out that complete laboratory studies are sometimes not undertaken because the physician does not suspect the presence of an "immigrant" disease.

### Term Is a Misnomer

Both radiologists commented that the term "tropical disease" is a misnomer. It is applied to a number of disorders once common in temperate climates, they explained, and can best be understood as just a label for conditions not now endemic to North America.

Speaking in tandem, Drs. Cockshott and Reeder discussed nearly two dozen exotic diseases but gave special emphasis to the following entities:

- **Amebiasis**—probably the number-one parasitic disease of our society, according to Dr. Reeder. Radiologic studies can be of "considerable help" in diagnosis of the chronic form since it is usually characterized by presence of colon spasm, con-

shaped cecum, ulcers, so-called apple-core constriction of colon, and abscesses of liver or lung. Patients have been misdiagnosed as having Crohn's disease, ulcerative colitis, cancer.

- **Schistosomiasis**—200,000,000 people around the world are afflicted with some type, and Schistosomiasis mansoni is estimated to be present in one of 10 Puerto Ricans now living in New York City. The radiologist sees changes in intestinal mucosa, spasms, fibrosis, narrowing of the bowel. The long period—sometimes years—between infestation and manifestation of disease can lead to delayed or wrong diagnosis unless clinicians are aware of a patient's background, Dr. Reeder said. Symptoms are occasionally mistaken for those of Crohn's disease or duodenal ulcer.

- **Chagas' disease**—associated chiefly with South and Central America, particularly eastern Brazil, but cases have occurred in Mexico and Texas. In the chronic stage—reached 10 to 20 years after being bitten by the bug—patients develop massive dilation of colon with retention of feces, enormous hearts, dilated outpouching of heart chambers, achalasia of the esophagus.

- **Giardiasis**—like amebiasis, picked up by travelers or servicemen and brought in by people emigrating to this country. Examination of stools usually permits quick diagnosis, Dr. Reeder said, but x-ray studies will demonstrate the characteristic ulceration and spasm of the proximal portion of the small bowel with normal findings in the distal portion.

- **Ascariasis**—by no means strictly an "immigrant" disease but may occasionally be difficult to detect unless the examining physician is suspicious. Dr. Reeder calls it a "not uncommon cause" of bronchitis pneumonia in some areas of the country.

- **Meleiodosis**—virtually unknown to U.S. physicians until servicemen in Vietnam began showing up with a disease marked by small abscesses in lungs, brain, liver, and other organs. Investigation revealed that the disorder (caused by *Pseudomonas pseudomallei*) is prevalent in subclinical form in the native population, Dr. Reeder said. Patients may not manifest overt symptoms for two to three years after exposure, and the combination of pneumonia and lung cavitation has led to the misdiagnosis of tuberculosis in some cases.

## High Competence of MD Considered a Risk Factor For Malpractice Claims

Continued from page 1

As to procedures giving rise to malpractice claims, the data showed that 57 per cent arose out of surgical procedure.

In 1970, the commission found, there was one malpractice incident out of every 158,000 patient-visits to doctors. A claim was made, however, only once in every 226,000 such visits.

### Other findings:

- Less than one court trial was held for every 10 claims closed in 1970.
- Most doctors have never had a medical malpractice suit filed against them, and those who have have rarely been sued more than once.
- In 1970, 6.5 medical malpractice claim files were opened for every 100 active practitioners.

- Most hospitals, no matter how large, go through an entire year without having a single claim filed against them.

- If the average person lives 70 years, he will have, on the basis of 1970 data, approximately 400 contacts as a patient with physicians and dentists. The chances that he will assert a medical malpractice claim are one in 39,500.

Dr. Trout spoke at the Cleveland Clinic at a symposium on "Implementation of the Recommendations of the Secretary's Commission on Malpractice."

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(SEE PRECEDING PAGE FOR SWEEPSTAKES DETAILS)

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## Pittsburgh Gets Skull



One of three existing Spritteleholz Skulls has been donated to the University of Pittsburgh School of Dental Medicine by Dr. Lewis Eller. The translucent quality of the skull was achieved through a special bone-boring process developed by the renowned German anatomist, Prof. Werner Spritteleholz.

## Hospital Unit Gauges Function of Pacers In Nearby Patients

Medical Tribune Report

ALBANY, N.Y.—Albany Medical Center Hospital has established a clinic to electronically monitor the functioning of cardiac pacemakers implanted in some 400 men and women in the area.

Dr. Jack Han, Professor of Medicine at the Albany Medical College and director of electrocardiography at the Albany Medical Center Hospital, said the new clinic assists physicians in the care of these patients by doing regular follow-up examinations and predicting the impending failure of battery-powered pacers.

Dr. Han said the rate of success in predicting impending failures is about 90 percent and that the regular follow-up procedure will allow patients to be hospitalized for the replacement of pacemakers on an elective instead of an emergency basis.

"GALVESTON—Slap a wet towel over a man's face and his heart will slow down, a classic effect relationship called dive reflex."

—News release from the University of Texas Medical Branch.

There's another kind of dive reflex,

and we recommend that you use that

one right after you slap the wet towel

over the guy's face.

(Regular heart monitor, Medical Tribune, page 31.)

## Business Reply Card

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FOLD ALONG DOTTED LINE

## Edwards Gets Power Of Policy Control, Now Health Chief

Continued from page 1

"We have heard simultaneously from a National Institutes of Health voice, a Food and Drug Administration voice, ... and others, each with its own parochial slant on what Federal health policy ought to be and each frequently in conflict with one or more of the other voices in the HEW chorus."

"If the Federal Government is going to participate effectively in developing a National Health Strategy, we first have to make sure that we are not divided among ourselves and working at cross-purposes."

In no uncertain terms, Mr. Weinberger told all of HEW's assistant secretaries, agency heads, and regional directors that Dr. Edwards is "the key element in the established departmental processes for health policy development." They were informed that the reorganization is intended "to ensure that our health policies are coherently and consistently enacted both within and without the department."

### Actions Need His Approval

Further, it was ordered that the Social Security Administration and the Social and Rehabilitation Service will take no action that has a measurable impact on, or is apt to draw a significant reaction from the medical community without the concurrence from the Assistant Secretary for Health before it becomes final...

"On the other hand, SSA and SRS have the authority to carry out their own assignments at their own initiative, but such activities, wherever they involve a significant change or impact on such things as certification of facilities, peer review, utilization review, etc., must be concurred in by the Assistant Secretary for Health."

Among the obstacles that Dr. Edwards faces in running the Government's health affairs are the Washington bureaucracy and the rumored impending resignation of Mr. Weinberger to run for public office in California—in rumor that Mr. Weinberger is no longer directly involved.

Another rumor circulating here is that Dr. Edwards will himself resign to become the American Medical Association's executive vice-president. Reliable sources discount this whispering, however, pointing out that he now has the most important health affairs post in the nation and has just begun to make his impact felt.

### Process Short-Circuited

The testimony of John Blaustein at the Senate Watergate Hearings is proof that wholesale checks on the privacy of the physician-patient relationship did not die with Mr. Hoover; in fact, in the Ellsberg case, the process is short-circuited by the Government's not even bothering to request the information from the psychiatrist involved. Assuming that doctors generally still have the choice of whether or not to give out information, however, let us look at the general principle of disclosure stated above and see how the ethical principle is supported by the law.

Legal precedent in the area is sparse. The earliest case on record dealing with confidential communications to a physician involved a church elder whose wife bore him a child after she had been married to him for only six months.

The church session, or church council, decided that an investigation was definitely in order and ordered the elder to secure the services of a physician who would examine the child and certify that it was premature. A doctor was selected by the father and, having examined the child and found that it was clearly not premature, delivered a copy of his findings to the church officials. The father was dismissed in shame and sued the physician for improperly disclosing confidential information.

Rallying behind the father, the court stated "that a medical man, consulted in a matter of delicacy, of which disclosure may be most injurious to the feelings, and possibly the pecuniary interests of the party consulting, can gratu-

Wednesday, October 3, 1973

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MEDICAL TRIBUNE

# ROCHE announces new **BACTRIM**<sup>TM</sup>

Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.

**a new type of antibacterial  
for a two-pronged attack  
against chronic urinary  
tract infections due to  
susceptible organisms**

Bactrim is highly effective in the treatment of these infections—primarily pyelonephritis, pyelitis and cystitis—when due to susceptible organisms. This efficacy is related to the unique mode of action against bacteria (see illustration), an action that, in effect, makes Bactrim a new type of antibacterial.

## Bactrim interrupts the life cycle of susceptible bacteria

*Unique mode of action interrupts the life cycle at two important points, thereby impeding the production of nucleic acids and proteins essential to these bacteria. These consecutive interruptions occur because sulfamethoxazole and trimethoprim resemble naturally existing substrates. By competitive replacement of these substrates, they inhibit further synthesis.*

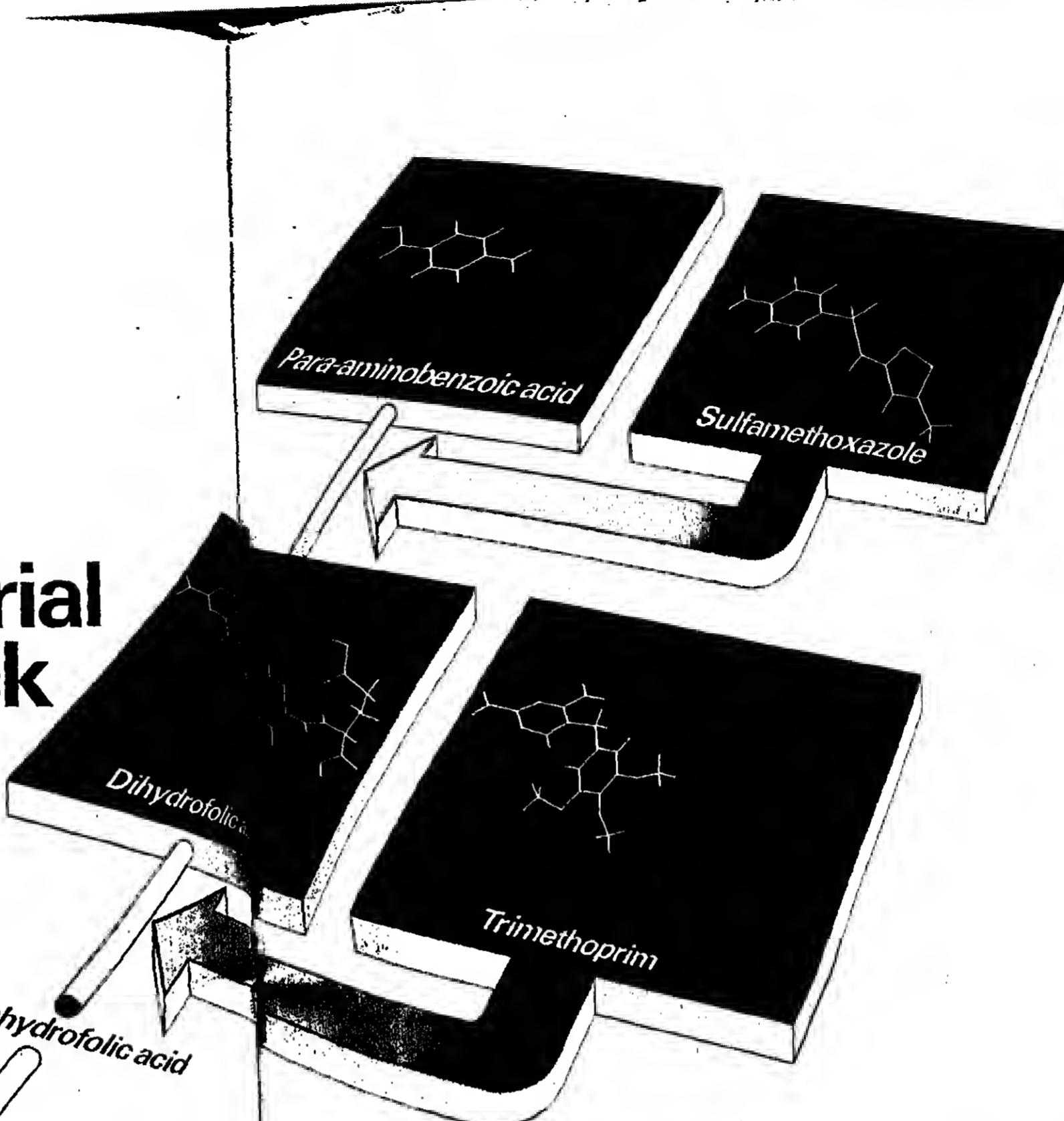
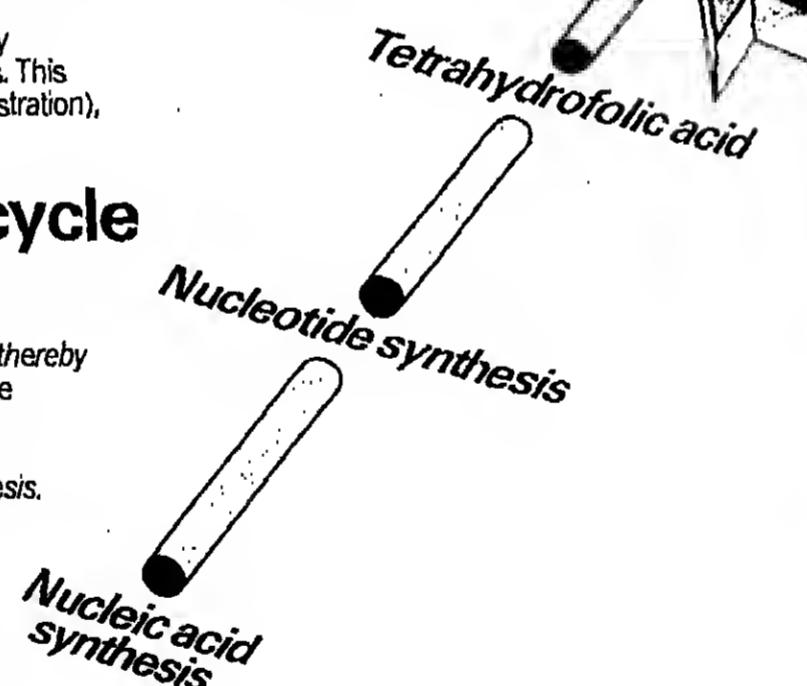
## Prescribing considerations

**Clinical Limitations:** Currently, the increasing frequency of resistant organisms is a limitation of the usefulness of all antibacterial agents, especially in the treatment of chronic and recurrent urinary tract infections. Not recommended for children under twelve.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and during the nursing period.

**Warnings and Precautions:** Both sulfamethoxazole and trimethoprim have been reported to interfere with hematopoiesis. Complete blood counts should be done frequently. If a significant reduction in the count of any formed blood element is noted, Bactrim should be discontinued. Bactrim should be given with caution to patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. Maintain adequate fluid intake. Urinalyses with careful microscopic examination and renal function tests should be performed during therapy, particularly for those patients with impaired renal function.

**Adverse Effects:** Among the most common side effects are nausea, vomiting, rash, leukopenia and elevations in SGOT and creatinine.



ROCHE

## Excellent clinical response in chronic urinary tract infections even with obstructive complications

A multiclinic, double-blind study\* of response to a ten-day course of therapy in 471<sup>t</sup> patients with chronic urinary tract infections demonstrated the superiority of Bactrim. On the 10th day after initiation of therapy, 91.7% (of 168 patients) showed significant

bacteriological response to Bactrim, compared with 81.2% (of 144 patients) to trimethoprim and 64.5% (of 155 patients) to sulfamethoxazole. More than half of these patients had obstructive complications.

## Excellent response maintained

Bactrim proved equally impressive in maintaining this bacteriological response. In the above study, after a ten-day course of therapy with Bactrim, 68.4% of patients with chronic urinary tract infections maintained response for up to 42 consecutive days, compared with

59.7% with trimethoprim and 44.4% with sulfamethoxazole. These results are particularly noteworthy considering the number of patients with obstructive complications—cases regarded as being notoriously difficult to treat.

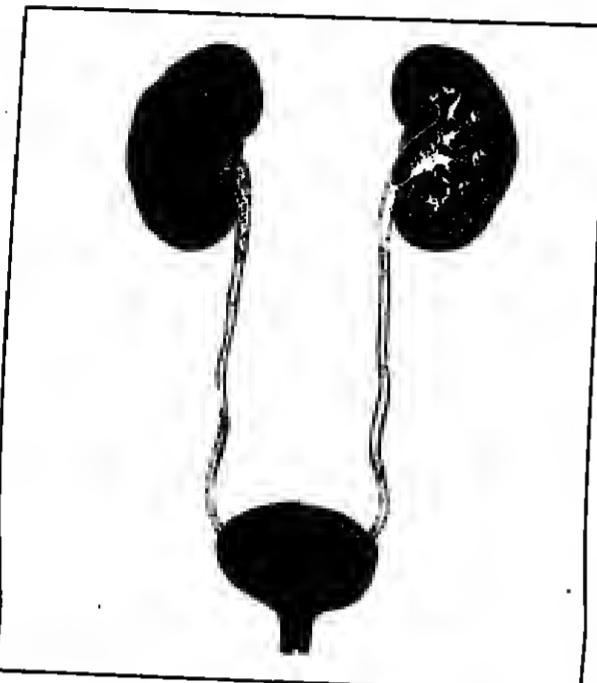
\*Data on file, Hoffmann-La Roche Inc., Nutley, N.J. 07110

<sup>t</sup>4 patients not available for evaluation at day 10.

**new BACTRIM**<sup>TM</sup>  
Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.  
for chronic urinary tract infections

Before prescribing, please see complete product information on following page.

*Rx  
Bactrim  
Tablets #40  
Sig: i.i.B.I.D.*



- New type of antibacterial
- Unique dual mode of action
- Effective against susceptible urinary tract invaders: usually *E. coli*, *Klebsiella-Enterobacter*, *P. mirabilis*, and, less frequently, indole-positive *proteus* species
- No loading dose
- B.I.D. dosage
- Usual therapy: 10-14 days
- Excellent response in chronic urinary tract infections, primarily pyelonephritis, pyelitis and cystitis, due to susceptible organisms
- Impressive response in cases with urinary obstruction

#### Complete Product Information:

**Description:** Bactrim is a synthetic antibacterial combination product, available in scored light-green tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole.

Trimethoprim is 2,4-dismino-5-(3,4,5-trimethoxybenzyl) pyrimidine. It is a white to light yellow, odorless, bitter compound with a molecular weight of 290.3.

Sulfamethoxazole is *N*<sup>1</sup>-(5-methyl-3-isoxazolyl) sulfanilamide. It is an almost white in color, odorless, tasteless compound with a molecular weight of 253.28.

**Actions:** **Microbiology:** Sulfamethoxazole inhibits bacterial synthesis of dihydrofolate acid by competing with para-aminobenzoic acid. Trimethoprim blocks the production of tetrahydrofolic acid from dihydrofolic acid by blocking its reductase inhibiting the required enzyme, dihydrofolate reductase. Thus, Bactrim blocks two consecutive steps in the biosynthesis of nucleic acids and proteins essential to many bacteria.

**In vitro** studies have shown that bacterial resistance develops more slowly with Bactrim than with trimethoprim or sulfamethoxazole alone.

**In vivo** serial dilution tests have shown that the spectrum of antibacterial activity of Bactrim includes the common urinary tract pathogens with the exception of *Pseudomonas aeruginosa*. The following organisms are usually susceptible: *Escherichia coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis* and indole-positive *proteus* species.

#### Representative Minimum Inhibitory Concentration Values for Bactrim-Susceptible Organisms (MIC - mcg/ml)

Bacteria	Trimethoprim alone	Sulfamethoxazole alone	TMP/SMX (1:20)	
			TMP	SMX
<i>Escherichia coli</i>	0.05-1.5	1.0-245	0.05-0.5	0.95-9.5
<i>Proteus spp</i> indole positive	0.5-5.0	7.35-300	0.05-1.5	0.95-28.5
<i>Proteus mirabilis</i>	0.5-1.5	7.35-30	0.05-0.15	0.95-2.85
<i>Klebsiella-Enterobacter</i>	0.15-5.0	0.735-245	0.05-1.5	0.95-28.5

**Human Pharmacology:** Bactrim is rapidly absorbed following oral administration. The blood levels of trimethoprim and sulfamethoxazole are similar to those achieved when each component is given alone. Peak blood levels for the individual components occur one to four hours after oral administration. The half-lives of sulfamethoxazole and trimethoprim, 10 and 16 hours respectively, are relatively the same regardless of whether these compounds are administered as individual components or as Bactrim. Detachable amounts of trimethoprim and sulfamethoxazole are present in the blood 24 hours after drug administration. Free sulfamethoxazole and trimethoprim blood levels are proportionately dose-dependent. On repeated administration, the steady-state ratio of trimethoprim to sulfamethoxazole ratio in the blood is about 1:20.

Sulfamethoxazole exists in the blood as free, conjugated and protein-bound forms; trimethoprim is present as free, protein-bound and metabolized forms. The free forms are considered to be the therapeutically active forms. Approximately 44 percent of trimethoprim and 70 percent of sulfamethoxazole are protein-bound in the blood. The presence of 10 mg percent sulfamethoxazole in plasma decreases the protein binding of trimethoprim to an insignificant degree; trimethoprim does not influence the protein binding of sulfamethoxazole.

**Excretion of Bactrim** is chiefly by the kidneys through both glomerular filtration and tubular secretion. Urine concentrations of both sulfamethoxazole and trimethoprim are considerably higher than are the concentrations in the blood. When administered together as Bactrim, neither sulfamethoxazole nor trimethoprim affects the urinary excretion pattern of the other.

**Indications:** Chronic urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, and, less frequently, indole-positive *proteus* species).

**Important note:** Currently, the increasing frequency of resistant organisms is a limitation of the usefulness of all antibacterial agents, especially in the treatment of chronic and recurrent urinary tract infections.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and during the nursing period (see Reproduction Studies).

**Warnings:** Deaths associated with the administration of sulfonamides have been reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. Experience with trimethoprim alone is much more limited, but it has been reported to interfere with hematopoiesis in occasional patients. In elderly patients concurrently receiving certain diuretics, particularly thiazides, an increased incidence of thrombopenia with purpura has been reported.

The presence of clinical signs such as sore throat,

fever, pallor, purpura or jaundice may be early indications of serious blood disorders. Complete blood counts should be done frequently in patients receiving Bactrim. If a significant reduction in the count of any formed blood element is noted, Bactrim should be discontinued.

At the present time, there is insufficient clinical information on the use of Bactrim in infants and children under 12 years of age to recommend its use.

**Precautions:** Bactrim should be given with caution to patients with impaired renal or hepatic function, to those with possible folate deficiency and to those with severe allergy or bronchial asthma, in glucose-6-phosphate dehydrogenase-deficient individuals, hemolytic anemia may occur. This reaction is frequently dose-related. Adequate fluid intake must be maintained in order to prevent crystalluria and stone formation. Urinalysis with careful microscopic examination and renal function tests should be performed during therapy, and renal function for those patients with impaired renal function.

**Adverse Reactions:** For completeness, all major reactions to sulfonamides and to trimethoprim are included below, even though they may not have been reported with Bactrim.

**Blood dyscrasias:** Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia.

**Allergic reactions:** Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritis, exfoliative dermatitis, anaphylactoid reactions, paroxysmal edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis.

**Gastrointestinal reactions:** Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis.

**C.N.S. reactions:** Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness, and nervousness.

**Miscellaneous reactions:** Drug fever, chills, and toxic nephrosis with oliguria anduria. Periorbital nodos and L.E. phenomenon have occurred.

The sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents. Goiter production, diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. Cross-sensitivity may exist with these agents. Rate appear to be especially susceptible to the goitrogenic effects of sulfonamides, and long-term administration has produced thyroid malignancies in *lila* species.

**Dosage and Administration:** Not recommended for use in children under 12 years of age.

The usual adult dosage is two tablets every 12 hours for 10 to 14 days.

For patients with renal impairment:

Crystalline Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	2 tablets every 24 hours
Below 15	Use not recommended

**How Supplied:** Tablets, containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-Dose® packages of 1000; Prescription Paks of 40, available singly and in trays of 10. Imprint on tablets: ROCHE 50.

**Reproduction Studies:** In rats, doses of 533 mg/kg sulfamethoxazole or 200 mg/kg trimethoprim produced teratological effects manifested mainly as cleft palates. The highest dose which did not cause cleft palates in rats was 512 mg/kg sulfamethoxazole or 192 mg/kg trimethoprim when administered separately. In two studies in rats, no teratology was observed when 512 mg/kg of sulfamethoxazole was used in combination with 128 mg/kg of trimethoprim. However, in one study, cleft palates were observed in one litter out of 9 when 355 mg/kg of sulfamethoxazole was used in combination with 88 mg/kg of trimethoprim.

In rabbits, trimethoprim administered by intubation from day 8 to 16 of pregnancy at doses up to 500 mg/kg resulted in higher incidences of dead and resorbed fetuses, particularly at 500 mg/kg. However, there were no significant drug-related teratological effects.

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**Dosage and Administration:** Not recommended for use in children under 12 years of age.

The usual adult dosage is two tablets every 12 hours for 10 to 14 days.

For patients with renal impairment:

**How Supplied:** Tablets, containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-Dose® packages of 1000; Prescription Paks of 40, available singly and in trays of 10. Imprint on tablets: ROCHE 50.

**Reactions:** Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.

**Side Effects:** See above.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and during the nursing period (see Reproduction Studies).

**Precautions:** Bactrim should be given with caution to patients with impaired renal or hepatic function, to those with possible folate deficiency and to those with severe allergy or bronchial asthma, in glucose-6-phosphate dehydrogenase-deficient individuals, hemolytic anemia may occur. This reaction is frequently dose-related. Adequate fluid intake must be maintained in order to prevent crystalluria and stone formation. Urinalysis with careful microscopic examination and renal function tests should be performed during therapy, and renal function for those patients with impaired renal function.

**Adverse Reactions:** For completeness, all major reactions to sulfonamides and to trimethoprim are included below, even though they may not have been reported with Bactrim.

**Blood dyscrasias:** Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia.

**Allergic reactions:** Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritis, exfoliative dermatitis, anaphylactoid reactions, paroxysmal edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis.

**Gastrointestinal reactions:** Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis.

**C.N.S. reactions:** Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness, and nervousness.

**Miscellaneous reactions:** Drug fever, chills, and toxic nephrosis with oliguria anduria. Periorbital nodos and L.E. phenomenon have occurred.

The sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents. Goiter production, diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. Cross-sensitivity may exist with these agents. Rate appear to be especially susceptible to the goitrogenic effects of sulfonamides, and long-term administration has produced thyroid malignancies in *lila* species.

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**Side Effects:** See above.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and during the nursing period (see Reproduction Studies).

# the long-range analgesic

in chronic pain: continued relief without risk of tolerance

Though Talwin® Tablets can be compared to codeine in analgesic efficacy, Talwin is not subject to narcotic controls. For patients who require potent analgesia for prolonged periods, Talwin can provide consistent, long-range relief, with fewer of the consequences you've come to expect with narcotic analgesics.

- Comparable to codeine in analgesic efficacy: one 50 mg. Talwin Tablet appears equivalent in analgesic effect to 60 mg. (1 gr.) of codeine. Onset of significant analgesia usually occurs within 15 to 30 minutes. Analgesia is usually maintained for 3 hours or longer.
- Tolerance not a problem: tolerance to the analgesic effect of Talwin Tablets has not been reported, and no significant changes in clinical laboratory parameters attributable to the drug have been reported.
- Dependence rarely a problem: during three years of wide clinical use, only a few cases of dependence have been reported. *In prescribing Talwin for chronic use, the physician should take precautions to avoid increases in dose by the patient and to prevent the use of the drug in anticipation of pain rather than for the relief of pain.*
- Not subject to narcotic controls: convenient to prescribe—day or night—even by phone.
- Generally well tolerated by most patients: infrequently cause decrease in blood pressure or tachycardia; rarely cause respiratory depression or urinary retention; seldom cause diarrhea or constipation. If dizziness, lightheadedness, nausea or vomiting are encountered, these effects may decrease or disappear after the first few doses. (See next page of this advertisement for a complete discussion of Adverse Reactions and a Brief Summary of other Prescribing Information.)

50mg. Tablets

**Talwin®**  
brand of  
pentazocine  
(as hydrochloride)  
in moderate to severe pain

## in chronic pain: continued relief without risk of tolerance

Talwin® Tablets brand of pentazocine (as hydrochloride)

Analgesic for Oral Use—Brief Summary

Indications: For the relief of moderate to severe pain.

Contraindications: Talwin should not be administered to patients who are hypersensitive to it.

Warnings: Drug Dependence. There have been instances of psychological and physical dependence on parenteral Talwin in patients with a history of drug abuse and, rarely, in patients without such a history. Abrupt discontinuance following the extended use of parenteral Talwin has resulted in withdrawal symptoms. There have been a few reports of dependence and withdrawal symptoms with orally administered Talwin. Patients with a history of drug dependence should be under close supervision while receiving Talwin only.

In prescribing Talwin for chronic use, the physician should take precautions to avoid increases in dose by the patient and to prevent the use of the drug in anticipation of pain rather than for the relief of pain.

Head Injury and Increased Intracranial Pressure. The respiratory depressant effects of Talwin and its potential for elevating cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a preexisting increase in intracranial pressure. Furthermore, Talwin can produce effects which may obscure the clinical course of patients with head injuries. In such patients, Talwin must be used with extreme caution and only if its use is deemed essential.

Usage in Pregnancy. Safe use of Talwin during pregnancy (other than labor) has not been established. Animal reproduction studies have not demonstrated teratogenic or embryotoxic effects. However, Talwin should be administered to pregnant patients (other than labor) only when, in the judgment of the physician, the potential benefits outweigh the possible hazards. Patients receiving Talwin during labor have experienced no adverse effects other than those that occur with commonly used analgesics. Talwin should be used with caution in women delivering premature infants.

Acute CNS Manifestations. Patients receiving therapeutic doses of Talwin have experienced, in rare instances, hallucinations (usually visual), disorientation, and confusion which have cleared spontaneously within a period of hours. The mechanism of this reaction is not known. Such patients should be very closely observed and vital signs checked. If the drug is reinstated it should be done with caution since the acute CNS manifestations may recur.

Usage in Children. Because clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Ambulatory Patients. Since sedation, dizziness, and occasional euphoria have been noted, ambulatory patients should be warned not to operate machinery, drive cars, or unnecessarily expose themselves to hazards.

Precautions: Certain Respiratory Conditions. Although respiratory depression has rarely been reported after oral administration of Talwin, the drug should be administered with caution to patients with respiratory depression from any cause, severe bronchial asthma and other obstructive respiratory conditions, or cyanosis.

Impaired Renal or Hepatic Function. Decreased metabolism of the drug by the liver in extensive liver disease may predispose to accumulation of side effects. Although laboratory tests have not indicated that Talwin causes or increases renal or hepatic impairment, the drug should be administered with caution to patients with such impairment.

Myocardial Infarction. As with all drugs, Talwin should be used with caution in patients with myocardial infarction who have nausea or vomiting.

Biliary Surgery. Until further experience is gained with the effects of Talwin on the sphincter of Oddi, the drug should be used with caution in patients about to undergo surgery of the biliary tract.

Patients Receiving Narcotics. Talwin is a mild narcotic antagonist. Some patients previously given narcotics, including methadone for the daily treatment of narcotic dependence, have experienced mild withdrawal symptoms after receiving Talwin.

CNS Effects. Caution should be used when Talwin is administered to patients prone to seizures; seizures have occurred in a few such patients in association with the use of Talwin although no cause and effect relationship has been established.

Adverse Reactions: Reactions reported after oral administration of Talwin include asthenia; headache; nausea, vomiting; infrequently constipation; and rarely abdominal distress, anorexia, diarrhea. CNS effects: dizziness, lightheadedness, sedation, euphoria; headache; infrequently weakness, disturbed dreams, insomnia, syncope, visual blurring and focusing difficulty, hallucinations (see Acute CNS Manifestations under WARNINGS); and rarely tremor, irritability, excitement, tinnitus. Autonomic: sweating; infrequently flushing; and rarely chills. Allergic: infrequently rash; and rarely urticaria, edema of the face, cardiovascular. Infrequently decrease in blood pressure, tachycardia. Other: rarely respiratory depression, urinary retention.

Dosage and Administration: Adults. The usual initial adult dose is 1 tablet (50 mg.) every three or four hours. This may be increased to 2 tablets (100 mg.) when needed.

Total daily dosage should not exceed 600 mg.

When antiinflammatory or antipyretic effects are desired in addition to analgesia, aspirin can be administered concomitantly with Talwin.

Children Under 12 Years of Age. Since clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Duration of Therapy. Patients with chronic pain who have received Talwin orally for prolonged periods have not experienced withdrawal symptoms even when administration was abruptly discontinued (see WARNINGS). No tolerance to the analgesic effect has been observed. Laboratory tests of blood and urine of liver and kidney function have revealed no significant abnormalities after prolonged administration of Talwin.

Overdosage: Manifestations. Clinical experience with Talwin overdosage has been insufficient to define the signs of this condition.

Treatment. Oxygen, intravenous fluids, vasopressors, and other supportive measures should be employed as indicated. Assisted or controlled ventilation should also be considered. Although nalorphine and levorphanol are not effective antidotes for respiratory depression due to overdosage or unusual sensitivity to Talwin, parenteral naloxone (Narcan®, available through Endo Laboratories) is a specific and effective antagonist.

Talwin is not subject to narcotic controls.

How Supplied: Tablets, peach color, scored. Each tablet contains Talwin (brand of pentazocine) as hydrochloride equivalent to 50 mg. base. Bottles of 100.

Winthrop Laboratories, New York, N.Y. 10016

50mg. Tablets **Talwin®**  
brand of  
pentazocine  
(as hydrochloride)  
in moderate to severe pain

## One Man... and Medicine

ARTHUR M. SACKLER, M.D.,  
International Publisher, Medical Tribune



### The Chariots of the Gods—and the 747

IT WAS A HOT SUN. There was no shade as we drove through Piraeus on our way to Athens. Offshore, ship after ship of the American fleet, cruisers and tankers and submarines, rode at anchor near where once the Argonauts embarked. One couldn't help thinking "Plus ça change, plus c'est la même chose." For our astronauts, the Golden Fleece was the moon. Remains the same, did I say? No, man is never quite the same. In his striving "to be," there seems to have been a change, an escalation—in quantitative inflation.

1

I had looked forward to coming back to Piraeus. It was sweltering. A decade ago, I attended a medical meeting in Athens and paid my tribute at the sites of so many of man's achievements. Changed it was, but not for the better. Cars and Coca-Cola signs, neon lights, and plastic hedge the streets of Piraeus and Athens. They are mixed blessings, these "achievements" of technology.

I had just spent a fortnight in the Middle East, across the "wine-red sea" of Hormuz, where I thought I could adjust my schedule to spend a day in the land of Pericles and Praxiteles. I had just shopped with my daughter Denise, who is 18 and beautiful and vividly alive, the shrines of that nearly crossroads of the world which was the source of three faiths. And so, from the lands which nurtured so much religious faith and from an interview with the head of state, we were transported by 747 jet to another land of shrines, shrines to the intellect of man and to his aesthetics.

Of course we climbed the Acropolis and marveled at the Parthenon. We checked in the Acropolis Museum; its director, Nicolas Platon, was away on a "dig." On our last visit I had missed him at his dig at Knossos (on Crete) and found him here in Athens. This time it was the other way 'round. On to the National Archaeological Museum. There are so many things there I particularly wanted to share with Denise—the beautiful archaic sculpture, the marbles of Praxiteles. I wanted to refresh and enlarge my exposure to the cyclopean masterpieces, to see with new eyes the great bronzes of Greece; the three heroic-sized figures that we had seen a decade ago, when they had just been found in a sewer excavation in Piraeus. What wonders of beauty. And then, of course, the treasures of Schliemann.

#### "Tavernas" Now Touristy

With the cool of dusk, we walked through the Plaka. Its tavernas, once so typically Athenian, are now touristy. We planned a table at a "native's" taverna, where the grape leaves and lamb dishes can be served to the music of three guitarists, who enjoy playing our favorite songs of the Greeks. Then on to the Odeon of Herodes Atticus. That wealthy backer had built it in A.D. 161. Carved into the rocks on the southern slope of the Acropolis, this 5,000-seat restored amphitheater provides a magnificent setting for festivals of music and drama. An almost unbroken tradition of over 2,000 years continues. It was in Athens that Thespis sought the prizes in state-sponsored competitions more than two and a half millennia ago with the same zeal but perhaps less enthusiasm than the Thespians of our day compete for an Oscar. Here, works of the early dramatists still challenge actors and audiences with their deathless plots, with their poetic and choreographic rhythms. Western dramatists have wandered from the origins of European drama, from the medieval Mass and Easter services. Attic drama still relates to its roots in religious rites. The dramatists—Aeschylus, Sophocles, Euripides—educated three generations of Athenians with their unique blend of dramatic recitation, music, and dance.

Before 5,000 silent, almost reverent spectators, hanging on each phrase, with each whisper clearly audible in the rear rows of the amphitheater, under the darkening cool night sky, all were transported back in time.

Modern science has displaced much of the beauty of man's handicraft with a tasteless, disposable plastic "civilization." That same science, paradoxically, projects men into the realms of the gods—through the heavens above and under the sea below. Man now flies through the skies with a speed and comfort unmatched by the fabulous golden chariots of the gods of Greece. And so, in just hours, we were carried back not only in space but in time to worship at the temples of Greece, to see their gods, to revel in the aesthetic beauty of bronze and stone, to share the timeless truths of the tragedies of Greece.



## Doctors' Debate

MEDICAL TRIBUNE frequently receives extensive and well-documented communications from physicians on current subjects of controversy or those of great current medical interest. We invite contributions in these areas for presentation in this new feature.

### A DuVal Controversy

In the August 15 issue of MEDICAL TRIBUNE, page 1, Dr. Merlin K. DuVal, vice-president for health sciences, University of Arizona, and former assistant secretary of HEW, said that the public is dissatisfied with the "inequitable" distribution of health services, and called on the medical profession to regulate the location and specialties of its members.

Dear Dr. DuVal:

If the "direct quotes" which appeared on August 15 in MEDICAL TRIBUNE are correct, one would conclude that your Government inoculation has dedicated you to the destruction of freedom to practice wherever a doctor wishes to in the United States of America.

Why are we different than any other American citizen? Why must we be assigned to an area or perhaps by a practice, or have to petition the Government or a medical society for the privilege of living where we wish? This has been proved to be a failure in Austria, as well as several other European countries.

Why must we deny people of the privilege to fail? This is unique in America, and it is one of the most important privileges we still have. Freedom built this country, and its continued infringement by the Government will destroy it—just as it destroyed every other previous topmost world civilization. I will be glad to accept this as a concept if every other citizen of the United States accepts the concept that the Government may tell him where to live and what to do.

I know that this is a difficult problem—getting doctors to every area where people live—but the loss of freedom, which must of necessity follow such action, would be a terrible price to pay.

JOHN M. RUMSEY, M.D.,  
San Diego, Calif.

Dear Dr. DuVal:

I read with interest, the article in the August 15 MEDICAL TRIBUNE—that there is "inequitable distribution of health services" and that "professional preference has been allowed to go too far"—and your call for "the medical profession to regulate the location and specialties of its members." I agree that "as long as each physician has free choice—he will almost invariably choose his location and the type of services he will render to meet his own needs." His needs do, of course, include satisfactory medical facilities, a satisfactory community, or feasible proximity to one that will reasonably and satisfactorily supply a consumer need for his services that will efficiently make full utilization of his talents and services, that will meet his own needs for continuing education, continuing professional associations, mental stimulation in general, and a satisfactory physical, educational, and moral and safe climate for his family and the financial rewards that will afford these things to him.

Most physicians, with these things in mind and with our own prime personal knowledge of our personal individual needs and capabilities, have by free choice chosen practice sites where we are needed, where our talents will be best utilized, with satisfactory environments for our families, and with adequate financial rewards. A large majority of us are less than completely satisfied and are often markedly dissatisfied with the amount of time we have with our patients, with the loss of the old-time doctor-patient relationship, with the environment for our families, with the time available for professional education, with the time available for our families, and with the time and opportunity for association with our professional peers.

I had thought that perhaps you were a

know, there are many such locations in Alabama, Mississippi, and the Bronx, but most of us in the medical profession know many, many more also that would be much closer to your present location and be more convenient for you to relocate to; though, of course, we realize that you should not consider your own personal convenience, I will be happy to supply you with listings of "physicians wanted."

CHARLES A. CASIMAN, M.D.,  
Culicu, Calif.

Editor, MEDICAL TRIBUNE:

Dr. Merlin K. DuVal asserts that the medical profession should order its members into certain locations and specialties.

I wonder how long it will be before the medical profession will cease to deprive its members of basic inalienable rights given every American citizen simply because "if the profession doesn't do it, the government will." How many plumbers, electricians, lawyers, economists, or garbage collectors would allow anyone to tell them where they must live and in what specialty they must practice their trade or profession? The law of supply and demand is the surest method of determining how many specialists should be in a given specialty and geographic area.

If the Government wishes to staff hos-

pitals or clinics in underprivileged areas of our country, the Government should set up a program for subsidizing the medical education of individuals who will accept, as part of this support, the obligation to practice in certain areas and in certain specialties for a prescribed length of time. Those of us who have paid for our own medical education do not feel that we wish to abrogate our constitutional rights simply because a bureaucrat wishes for a different distribution of physicians.

The right to choose what one does for living and where he does it is still intrinsic to our American system. I see no reason why physicians should accept less than any other citizen.

ROLAND C. KREPS, Jr., M.D.,  
Merced, Calif.

Editor, MEDICAL TRIBUNE:

Where does Dr. DuVal get the unmitigated gall to tell people where and when they shall live and work and under what circumstances they shall pursue life, liberty, and the pursuit of happiness, as guaranteed in the Bill of Rights?

Dr. DuVal shows the typical traits of a petty commissioner, and I think he ought to go to see his most accessible psychiatrist.

G. THOMAS SAMARTINO, M.D.,  
South Miami, Fla.

## Doing little things better



caring better for his basic needs, less confused in his thinking; no great accomplishment for most people, but a significant advance for the patient with cerebral arteriosclerosis\*

## Hydergine®

SUBLINGUAL TABLETS containing 0.167 mg. dihydroergocornine methanesulfonate, 0.167 mg. dihydroergocristine methanesulfonate, and 0.167 mg. dihydroergokryptine methanesulfonate

helps patients with cerebral arteriosclerosis do little things better

The usual dosage is four to six sublingual tablets daily. The patient's improvement with Hydergine is usually demonstrated in four to six weeks. Some basal stiffness due to adrenergic blockades, transient nausea or gastric disturbances have been reported with high dosages.

\*Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Possibly" effective: The treatment of cerebral arteriosclerosis and dizziness, mood changes, nocturnal cramps, and paresthesias in the aged. That classification of the less-than-effective indications requires further investigation.

7-240  
BANDOZ PHARMACEUTICALS, EAST HANOVER, N.J. 07936 BANDOZ

The Only Independent Weekly Medical Newspaper in the U.S.

## Medical Tribune

### Medical News

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"It doesn't apply to me. I'm going into a freezatorium."

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### A Pox on Vaccination

Dr. Andre J. Lebrun [Letters to Tribune, August 11] expresses his hope that "world-wide smallpox vaccination will have been achieved." Whether or not routine smallpox vaccination should be continued in the U.S.A. is a moot argument; the question has been unanswered and the recommendations are known.

In view of Burkitt's observations, one wonders how many intestinal tract malignancies were caused by the FDA's action in removing the cyclamates.

The distinguished British journal *Nature* made some sour editorial comments about the "facile progress" of the cyclamate bandwagon and questioned whether "scientific advisers or the politelions who manipulated them took the more ridiculous." The journal emphasized that the evidence of the cancer potential of cyclamate was "about as solid as candy floss." Throughout this period of time there

A.M.S.

as well as over criminal offenses Mr. Nixon's Administration is charged with? Or are we to speak out only when medicine's self-interest is served?

A more appropriate and timely editorial by MEDICAL TRIBUNE would have been a consensus psychoanalysis of the President. As he sees it, the world, the Congress, courts, and press are all against him. In his latest press conference he blamed Congress for high prices and inflation; blamed the press rather than the burglars and spies for his Watergate troubles; told the Supreme Court that he would obey only a "definitive" judgment on the Watergate tapes, without explaining what "definitive" meant, or why he alone of all Americans had the right to pass judgment on Supreme Court decisions. Does this sound paranoid, aganistic, and dictatorial to you? Me too.

SOL BROWNSTEIN, M.D.  
Trenton, N.J.

### Variety Is the Spice

I read with great delight the editorial on "The Endangered Species." I had one of my interns read it aloud to the anti-group making rounds. I believe they got more out of your editorial than they did out of rounds that morning.

WILLIAM A. LEFF, M.D.  
East Orange, N.J.

### Significant Semantics

"Dr. Fox's" silly lecture [on gobbledegook] at U.S.C. (MEDICAL TRIBUNE, August 22) has significant implications. Such glibility, uncritical analysis, or stupidity amongst a group of 55 "professionals" is shocking. Showmanship and style carry more weight [than content]. No wonder an actor can rise to leadership in politics, government, or any field he chooses.

If professionals are taken in by such tactics, what must be happening to the American public, bombarded en masse daily for hours by skilled actors via the aptly named "boob tube"? Lincoln was wrong. Today, all of the people can be fooled all of the time—[at least on the subject of "mathematical gene theory as applied to physician education."]

The astute U.S.C. investigators made a classic observation. How deeply have the ranks of medicine and science been infiltrated by undetected "actors," spreading phoniness not only in the lecture room but in the literature? Medical students and physicians are not such sophisticated and observing professionals that they can unfailingly spot a phony. Now is the time to take a long, close look at medical educators and literature and separate the real from the "put-on." More of the latter may be around than we suspect.

ERBERT L. JOSEPH, M.D.  
Vallejo, Calif.

### Genetic Engineering

ABOUT 24 YEARS AGO Edwin Chargaff discovered the principle of base pairing of nucleic acids. Thus, in DNA, adenine pairs with thymine, guanine with cytosine. It is this principle that made possible the elucidation of the double helix of DNA by Watson and Crick and, in 1967, permitted the synthesis of a biologically active single stranded DNA from a natural virus bearing the missing coding information. Marshall W. Nirenberg was one of the joint recipients of the Nobel Prize for working out the genetic code for amino acid insertions in protein synthesis. In 1967 he wrote, "My guess is that cells will be programmed with synthetic messages within 25 years."

Professor Chargaff takes a very dim view of all this end in a recent article referred to it as what is "vulgarily called genetic engineering." He added, "It is not so much I fear the success—there won't be any—but rather that such such attempt, if it succeeds, as it may be, lifts our sciences and all of us to an ever-higher level of moral entropy."

The signs, however, indicate that genetic engineering will come into being. And, as has been stated here before, ethical problems will arise that should be evaluated now.

There is no doubt that the work of

### The Returning Tourist

Clinical quote: "Some of the diseases abroad and bring back are amoebiasis, giardiasis, roundworm or tapeworm infections, bacillary dysentery, and rarely typhoid fever, tropical sprue, lymphatic filariasis, brucellosis, and bacillary dysentery.... American physicians can expect to see an increasing number of some of these diseases in their radiological or clinical practice." (Medical X-Ray Forum; see page 1.)

CLINICAL QUOTE:

"Some of the diseases

abroad and bring back are amoebiasis,

giardiasis,

roundworm or tapeworm in-

fections,

bacillary dysentery, and rarely

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lymphatic

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physicians can expect to see an increasing

number of some of these diseases in their

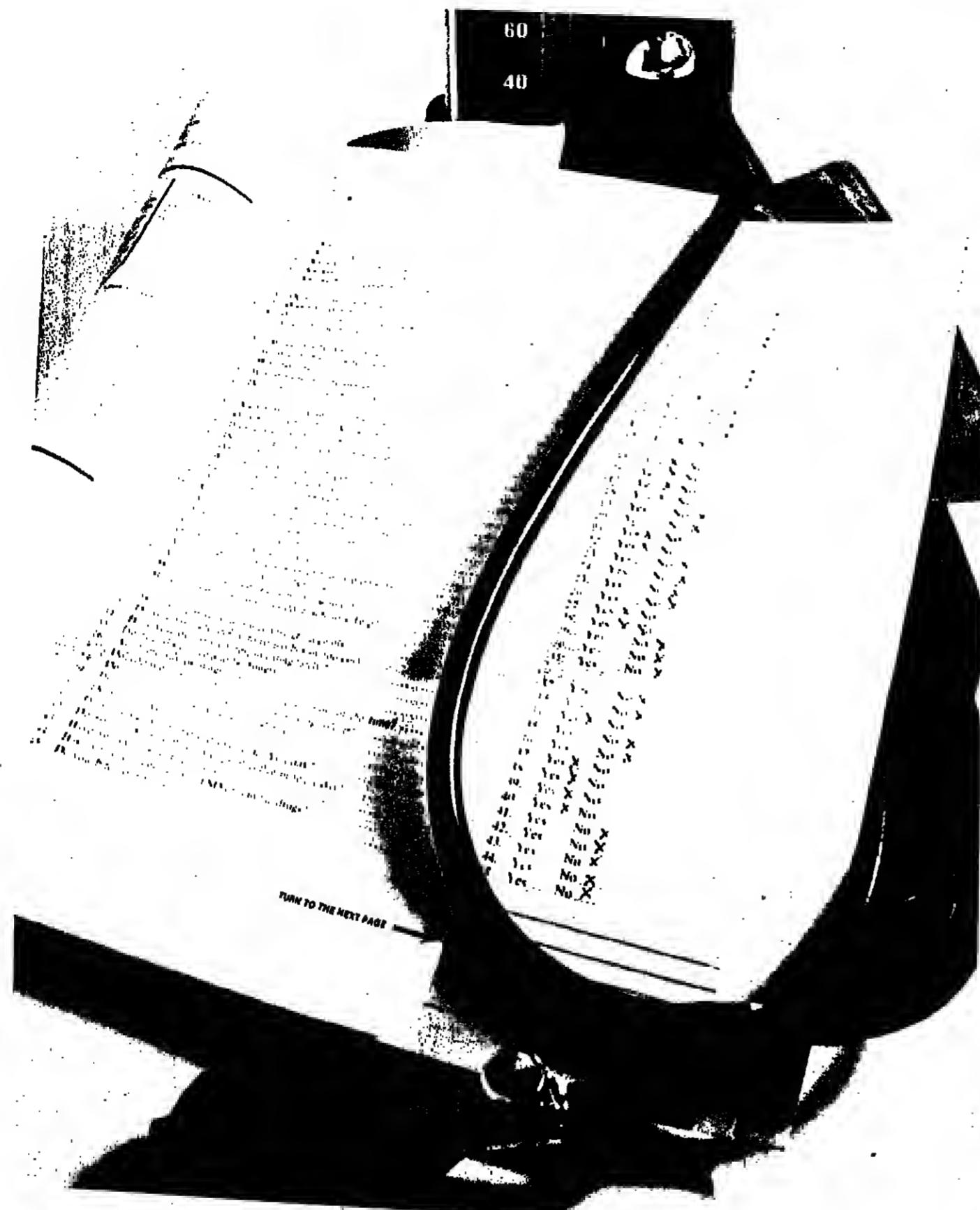
radiological or clinical practice."

(Medical

X-Ray Forum; see page 1.)



# "Anxiety hypertension" superimposed on essential hypertension



© 1968 Hoffmann-La Roche Inc.

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete

mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic

function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anti-coagulants; causal relationship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased libido—all infrequent and generally controlled with dosage reduction; changes in EEG

patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Supplied:** Librium® Capsules containing 5 mg, 10 mg or 25 mg chlordiazepoxide HCl. Libritabs® Tablets containing 5 mg, 10 mg or 25 mg chlordiazepoxide.

## The Somatic Protest

Excessive anxiety or apprehension can initiate a sequence of complex neurohormonal events which, in susceptible patients, may lead to *anxiety hypertension*. Superimposed on hereditary essential hypertension, this can complicate the course of the disease and its management. Excessive anxiety may be an emotional response to endogenous or environmental stress, and is often reported to result not only in higher blood pressure but also in tachycardia or cardiac arrhythmias. Transient B.P. elevation may occur when the measurement is made in the physician's office. In some hypertensive patients, awareness of the disorder alone can generate anxiety severe enough to increase the blood pressure.



The adjunctive use of Librium (chlordiazepoxide HCl) can help reduce excessive anxiety complicating essential hypertension. Physicians have found Librium to be dependably effective against clinically significant anxiety.

Librium is used concomitantly with certain primary medications, such as cardiac glycosides, diuretics, anti-hypertensives and vasodilators. Because of its wide margin of safety, the necessity of discontinuing therapy with Librium because of undesirable effects has been rare. In general use, the most common side effects reported have been drowsiness, ataxia and confusion, particularly in the elderly and debilitated. (See summary of product information.) Librium is available in 5-mg, 10-mg and 25-mg capsules, permitting individualized treatment of varying levels of anxiety.

## For moderate to severe anxiety aggravating essential hypertension

adjunctive  
**Librium® 10 mg**  
(chlordiazepoxide HCl)  
1 or 2 capsules t.i.d./q.i.d.



Rocha Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, N.J. 07110

## MD Wives Move to Assert Separate Identity

*Continued from page 1*  
evidence of instability around them all the time.

"There's a gal who lives down the block," one wife relates. "She's got a lot of potential, a lot of talent, but she doesn't place any value on her own identity. As a result, she's smoking more, losing a lot of weight, and becoming depressed. She hasn't taken up drinking yet, but I would expect her to."

For some of these women, awareness comes too late. At the May meeting of the American College of Obstetricians and Gynecologists during a workshop for wives on female sexuality and interpersonal relationships, a number of wives in their 40s and 50s—the picture of total composure on the outside—broke down in tears when they confessed in the group sessions how totally empty their lives were. One said she was particularly frustrated because she could not discuss her feelings with her husband.

The societal conditioning to stay in very structured roles overcomes many of these women.

"I had the idea," says Shirlene Cutler of Murray, Utah, the wife of a family physician, "that if I married a professional man and got my chin and silver and house in the suburbs, I had three children—and got both sexes—that I would be completely happy, because that's what I had been told."

### Had Time on Her Hands

When she achieved all that, after being married for 10 years, she found that she had so much time on her hands that she got bored.

"In rural communities where the doctor has to deliver babies and do so many things," she says, "if you're going to stand waiting for your husband to come home, you're going to be waiting most of your life away, and that's quite a waste of human resources."

At the same time, she became concerned about legal protection for doctors from investment schemes aimed at them, and she decided to enter law school. Explaining her decision, she says:

"I've seen so many cases of women pushing their husbands and pushing their children when they don't have the guts to do it themselves. I think you should set an example. You can't try to perfect other people all the time when you see how tough it is out in the world itself."

The heat of the fire has not forced Mrs. Cutler back to the kitchen, but it has made things uncomfortably warm for her husband at times.

"Many of my husband's friends," she explains, "thought he was absolutely insane. They kept asking, 'Why are you letting her?' It's been difficult for him. One time he got angry in the O.R. because he felt the staff wasn't giving him the right assistance and he was acting grouchy, and everyone ran around the hospital saying, 'Well, you know, it's because of his wife and the Women's Liberation.'

In spite of these difficult adjustments, Mrs. Cutler's move has created a profound, positive change in her marriage.

"People thought we would probably be divorced if I went to law school," she says, "but I think it's made our marriage stronger. I have things to discuss with him, and he has things to discuss with me. He has become very interested in law, too, and has thought about going to law school himself. It's opened up a whole new life for us."

### There Are Holdouts

But for every Shirlene Cutler, there's at least one holdout for the old school, like a neurologist's wife at the A.M.A. convention who said matter-of-factly, "If your husband didn't have such a good reputation, you wouldn't be anything." That's the kind of thinking that prompted Barbara Jarvis, wife of a Phoenix, Ariz., pathologist, believing, as she does, in working for change through the system, to become a politically active consciousness-raiser as president of the Arizona Medical Association Auxiliary.

Her efforts to heighten awareness are no easy task.

"If you talk to the average doctor's wife," she says, "and ask her if she's aware that her husband doesn't need to support her, it's just that he's a nice guy, she doesn't understand that. And she doesn't feel that what she does at home is important as what he does."

"I've been doing some reporting on health care of doctors' wives, and my question to them has been: Do you think it's an invasion of privacy when your personal physician calls your husband and discusses you—which he would never do if you were anybody else? They feel that's an encroachment at all. They don't have any feeling that they're not just an extension of the husband."

Up in Portland, Ore., doctor's wife Kathryn Biska shares Mrs. Jarvis' concern over the fate of her less liberated fellows.

"I think many of them have sort of shrouded themselves in the medical image of their husbands," she says, "and, as a result, there is a deterioration, because they are no longer stimulating companions and they are divorced from the work of their husbands."

Mrs. Biska edits the local Women's

Auxiliary newsletter, which she took over three years ago when it was a mimeographed social rundown on who wore what. Now it has taken a gutsier turn. Her pet project: enlisting aid to resist socialized medicine.

### Wives "Have Mandate"

"I think doctors' wives have a thing they need to be doing that's very aggressive if medicine is not to be leaping into socialism," she says. "Doctors are too busy to be doing this. I think doctors' wives have a mandate to take on a personal identity in terms of promoting health care, especially in the area of preventive medicine."

Both Mrs. Biska and Mrs. Jarvis are critical of the structure of the Women's Auxiliary from a feminist point of view.

"I'm really against its being an auxiliary," says Barbara Jarvis, "but bucking that is like knocking your head against a stone wall."

Mrs. Biska reports, "In Multnomah County, the women have to ask before they can move. I think that's sort of idiotic. The implication is that the doctors will decide what activities are suitable for their wives."

**Arthritis Added to Study**  
*Medical Tribune World Service*  
Moscow—The United States and the Soviet Union have agreed to add arthritis to a Joint Study of Heart Disease, Cancer, and Environmental Health.

## Increase Forecast In Respiratory Ills In Next 30-40 Years

*Medical Tribune World Service*

PERTH, AUSTRALIA—A big increase in respiratory viruses throughout the world within the next 30 or 40 years was forecast here by Prof. Frank Fenner, director of the Center for Resource and Environmental Studies at the Australian National University, Canberra.

He made the prediction in the David Memorial Lecture to the Australian and New Zealand Association for the Advancement of Science.

An explosive spread of respiratory viruses in people and perhaps animals may be expected as populations grow and domestic animals become more numerous, more mobile, and more crowded, he said.

Most of the new viruses will probably produce trivial disturbances, but there is a possibility of a dramatically severe disease, Professor Fenner warned.

"It appears likely that every living species of organism carries at least one virus, and some can be infected with many more," he said.

### Subject of Diet Study



Dr. Gary Moore (left), of the Southwest Foundation for Research and Education in San Antonio, and Dr. Henry McGill (right), of the University of Texas, examine an infant baboon of the type whose diet will be studied in a major research project in atherosclerosis. Diets of varying cholesterol content will be studied along with behavior patterns in the offspring of 100 baboons at S.F.R.E.'s baboon colony. The National Heart and Lung Institute financed the program.

## Australian Plan Would Give MDs Federal Salaries

*Medical Tribune World Service*

SYDNEY, AUSTRALIA—A group of general practitioners here has prepared a plan for Australia's 11,000 doctors in private practice to become wage earners on the Government payroll.

Author of the plan, aimed at ending the current confrontation between the Australian Medical Association and the Government, is Dr. T. J. O'Neill, a former branch councilor of the medical association and a leading member of the Royal Australian College of Practitioners.

The formal proposal for a fully-salaried medical service has been submitted to the Ministries for Social Security and Health.

"A lot of my patients think I am a dyed-in-the-wool conservative because I've been a branch councilor of the Australian Medical Association," Dr. O'Neill said. "I tell them I would only be too pleased for the Government to give me a car, pay me a good salary, and let me get on with practicing good medicine."

The general practitioners' scheme is even more radical than the Government's plan, which is to allow continued private practice by doctors, with patients' bills handled by a single Government fund. The Government would pay the doctors directly through a bulk billing arrangement.

Dr. O'Neill would like to see all physicians on salary to the Government and graded according to experience and skills. The stage has been reached, he said, where the welfare of the patient will suffer if the conflict between the Social Security Minister and the medical profession on the fees issue continues.

## Role of Altered Bacteria In Urinary Infections Supported by New Study

*Medical Tribune World Service*

JERUSALEM—Support of the theory of a link between altered bacteria and chronic urinary tract infections was given here by a Tulane Medical Center investigator.

In a five-year study of 2,000 patients with chronic urinary tract infections, Gerald J. Domingue, Ph.D., found approximately 20 per cent had cell wall-defective bacteria, known as L-forms, in their urine. He suggested that these may be responsible for relapsing urinary tract infections.

Dr. Domingue, who is Associate Professor of Microbiology and Immunology and of Surgery, presented his findings at the first International Congress of Bacteriology. Other members of the Tulane research team were Drs. Jorgen U. Schlegel, Keith Lloyd, Bruce Turner, Andres Daniel, and Alfred J. Colfrey, Jr., and Mary Green.

In patients with urinary tract infections treated with antibiotics, Dr. Domingue said, some organisms are not destroyed, and survive in the kidney or urinary tract as altered bacteria.

Unless specific measures are taken to eliminate them, the entire infectious process could become uncontrollable, possibly fatal, he said.

Using germ-free rats bred in the Tulane medical school vivarium, Dr. Domingue injected one group of animals with L-forms developed in his laboratory and others with the parent bacteria known to cause disease.

One group injected with the L-forms was treated with penicillin, and experiments at varying time intervals showed intact L-forms in the liver, spleen, brain, kidneys, blood, urine, and stool of these animals.

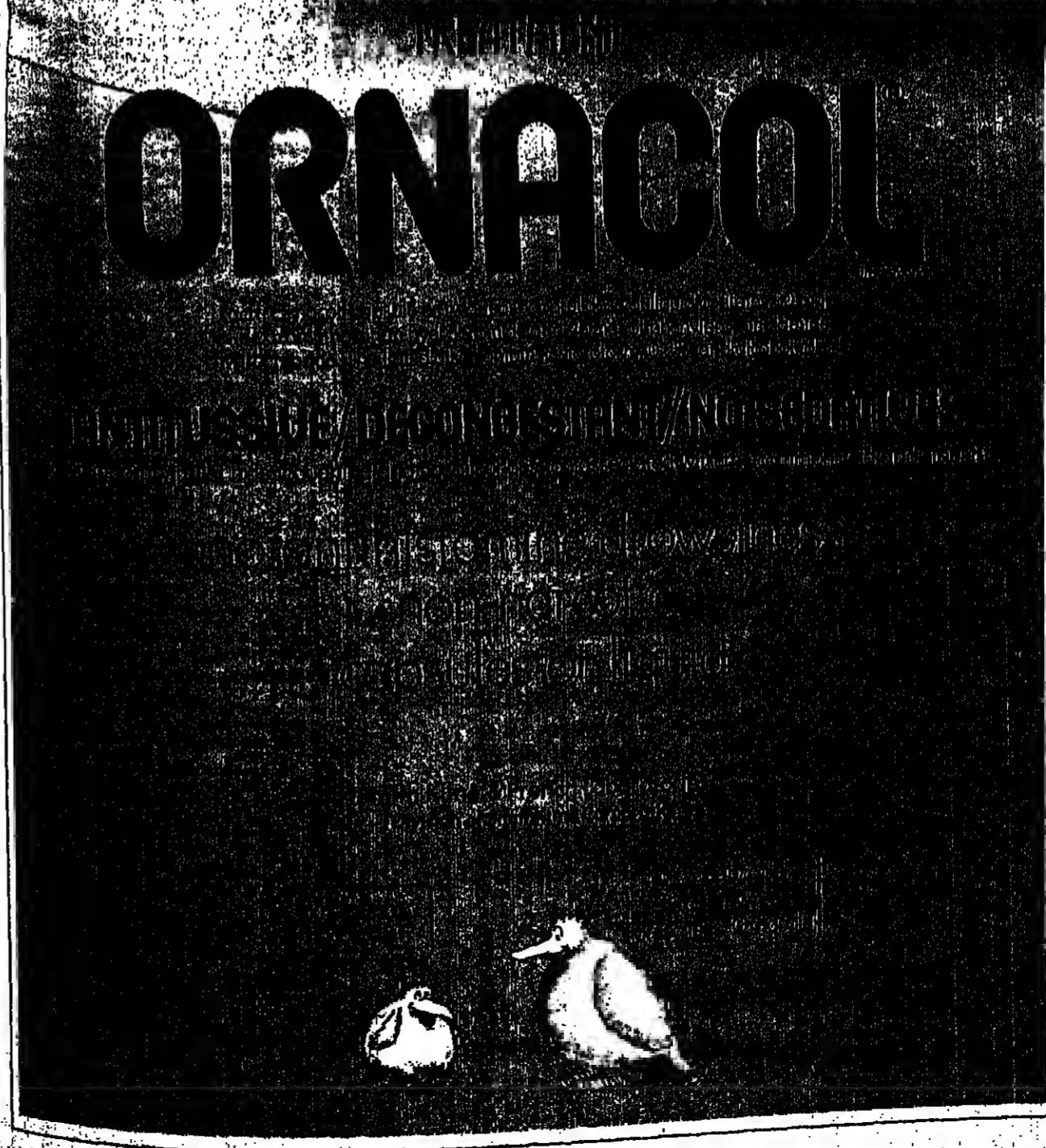
The investigation demonstrated, Dr. Domingue said, that L-forms can survive for long periods without causing clinical disease in animals, and also that they can ultimately cause disease when they revert to ordinary bacteria.

**THE HEAVY-LIDDED HACKER**

from the Ornacologist's Guide to Cough/Cold Patients

**SYMPTOMS**

- sleep-robbing cough
- stuffy nose



# R.S.V.P.



She just doesn't respond to things. No interest. No energy. Discouraged.

It may be mild depression. She needs help...and she needs it now.

Counsel and reassurance may suffice. But if you decide supportive

medication is indicated, Ritalin can offer prompt benefit.

Ritalin usually begins to act with the very first dose...boosts spirits and brightens mood...helps the patient get moving again. And

medication may be enough...to help provide an answer to mild depression.

**Ritalin®**  
(methylphenidate)  
helps the patient respond  
in mild depression\*

\*This drug has been evaluated as possibly effective for this indication. See brief prescribing information.

Ritalin® hydrochloride  
(methylphenidate hydrochloride)  
TABLETS

**INDICATION**  
Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, "Possibly" effective: Mild depression. Final classification of the less-than-effective indications requires further investigation.

**CONTRAINICATIONS**  
Marked constipation, tachycardia, and agitation, since Ritalin may aggravate those symptoms. Also contraindicated in patients known to be hypersensitive to the drug and in patients with glaucoma.

**WARNINGS**  
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established. Sufficient data on safety and efficacy of long-term use of Ritalin in children with minimal brain dysfunction are not yet available. Although a causal relationship has not been established, suppression of growth (i.e., weight gain) and/or height has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.

Ritalin should not be used for severe depression of either exogenous or endogenous origin or for the provocation of manic-depressive states. Ritalin may lower the convulsive threshold in patients with or without prior seizures, with or without prior EEG abnormalities, even in the absence of seizures. Safe concurrent use of anticonvulsants and Ritalin has not been established. If seizures occur, Ritalin should be discontinued. Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.

**Other Interactions**  
Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, phenytoin, primidone), phenylbutazone, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.

**Usage in Pregnancy**  
Adequate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless in the opinion of the physician, the potential benefits outweigh the possible risks.

**Drug Dependence**  
Ritalin should be given cautiously to potentially unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase usage on their own initiative. Chronic daily use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral doses. Careful supervision is required during drug withdrawal, since severe depression, with associated risk of chronic mania, can be unmasked. Long-term follow-up may be required because of the patient's basic personality disfunctions.

**PRECAUTIONS**  
Patients with an element of agitation may react adversely; discontinute therapy if necessary. Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

**ADVERSE REACTIONS**  
Nervousness and tachycardia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include: hypersensitivity (including skin rash, urticaria, fever, erythema, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; nausea, dizziness; tachycardia; headache; dyskinesia; drowsiness; blood sugar and pulse changes; both up and down; tachycardia; hypertension; and tachycardia. Abdominal pain; weight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; a few instances of scalp hair loss; in children, loss of appetite, abdominal pain, weight loss during prolonged therapy, tachycardia, and tachycardia may occur more frequently; however, only one of the other adverse reactions listed above may also occur.

**USAGE AND ADMINISTRATION**

Adults: Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response. Average dosage is 20 to 30 mg daily. Some patients may require 40 to 60 mg daily. In others, 10 to 15 mg daily will be adequate. The few patients who are unable to sleep if medication is taken later in the day should take the last dose by 6 p.m.

**HOW SUPPLIED**  
Tablets 20 mg (peach, scored); bottles of 100 and 1000. Tablets, 10 mg (pale green, scored); bottles of 100, 500, 1000 and Accu-pet blister units of 100. Tablets, 5 mg (pale yellow); bottles of 100, 500 and 1000. Consult complete product literature before prescribing.

CIBA Pharmaceutical Company  
Division of CIBA-GEIGY Corporation  
Summit, New Jersey 07901

C I B A

Wednesday, October 3, 1973

MEDICAL TRIBUNE

## Medicine's Role In the Movement

### Surrealism Sought 'Diamonds in the Flesh'

If the world of medicine often seems surrealistic—from the giant walk-in kidney of a medical convention exhibit to a motorized prosthesis—Surrealism, in turn, has drawn vastly on medicine for inspiration.

Anatomical forms are common in the paintings of the most celebrated Surrealist of all, Salvador Dali. His major works, as exemplified in "The Forgers" and "Men Who Eat One Another" from the well-known *Purgatory* series—now available to visitors in the MEDICAL TRIBUNE Sweepstakes (see page 3)—seem to have been created by a medical illustrator run amok, strewing his canvases with bones, skulls, and pieces of flesh.

To link contortions of the human form to disease and medicine seems sheer *Hypocrisie*, until one understands the *réflexion d'être*, which is to reveal the mysterious relationships behind the marvels of life by laying bare the flesh with a brush as gavel. This desire to uncover "diamonds in the flesh" was only part of the overall Surrealist design, however. As understood—and lived—by early disciples, the movement was intended to initiate a new humanism in which talent per se did not exist, in which every man was an artist, serving as medium for a broad new consciousness that would change the world.

Although Dali's name is synonymous with the Surrealist concept today, he was not on hand for the movement's painful birth. Squeezed into time (1924-39) and space (Paris), the infant movement was shaken by quarrels and weakened by positing from its inception, when it appeared as the culmination of avant-garde artistic trends that had permeated the air since 1885. André Breton, Louis Aragon, Paul Éluard, and Benjamin Péret—young petit-bourgeois intellectuals who condemned us *telle* every activity expected of them by their background—founded Surrealism "on the belief in the higher reality of certain forms of association neglected until now, on the all-power of dream, on the unbridled free play of thought."

In the *Manifesto of Surrealism* (1924), Breton defined Surrealism "as pure psychic automatism by means of which we propose to express . . . the true function of thought." Basically, the true function of thought was conceived of as a kind of "illusion," free of "any control exercised by reason, outside of all aesthetic or moral considerations."

Three methods were originally em-

#### Roll Over, Webster...

This Surrealist word sampler was gleaned from the pages of *The Abridged Dictionary of Surrealism*, published in 1938 in conjunction with the International Surrealist Exhibition in Paris. Some of the definitions—or de-definitions—were arrived at by game techniques, frequently employed by Surrealists for literary and artistic purposes.

Aprelles: telephone. "Telephonic apparatus will be replaced by lobsters, whose advanced state will be rendered visible by phosphorescent plaques, veritable flytrap truffles," Salvador Dali.

Breast: "The breast is the chest elevated to a state of mystery—the chest moralized,"—Novalas.

Delay: "Use 'delay' instead of picture or painting . . . a delay in glass as one would say a poem in prose or a splotch in silver,"—Marcel Duchamp.

Glove: "The glove (gant) is worn by pantomimist. The glove is the cast of a hand pierced, through which the index finger passes to tickle new nature,"—Hans Arp.

Phallusphere: "It is an alchemical product, composed of the following elements: autostrads, balustrade and a certain amount of phallus. A phallus is a vertical collage,"—Max Ernst. Source: *Surrealists on Art*, translated 1970, by Lucy Lippard, Prentice-Hall Inc.

ployed by Surrealists to skirt normal controls: automatic writing, spiritism, and love. All these activities depend on chance rather than determinism; thus, they were thought to be expressive of both randomness and a hidden order of reality. This brings into play the collage aesthetic, which underlies much Surrealist art and is based on a chance "reconciliation of two distant realities" on a new and unexpected plane. The collage aesthetic derives from punning, which was brought to a magnificent and outragous height by James Joyce, who, although no Surrealist, undoubtedly knew of the movement's activities.

#### Potential Way of Life

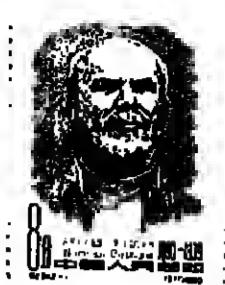
Mad love (*l'amour fou*) was considered the most advanced form of automatism, since it had the potential of becoming a way of life. It was perhaps in *l'amour fou* that the Surrealists had the best chance to reconcile their interest in the irrational with their other major preoccupation—social revolution—but such a reconciliation was never to occur. By 1929, when Dali put in his first appearance with the Surrealists at the Café Cyrano in Paris, the

heroic years of the Surrealist movement were already past and only crisis lay ahead. Breton's *Second Manifesto of Surrealism* (1930), which critically examined both the Communist Party and Surrealist literary artistic activity, contributed strongly to contention over the correct relationship vis-à-vis Surrealism and politics.

Amid the turmoil, many Surrealists had direct dictation from the unconscious, representing a refreshing return to Surrealism's youth; they hoped he would save the movement from the academism and blockering that threatened to destroy it. Indeed, "for three or four years," according to Breton, "Dali incarnated the Surrealist spirit."

But, by 1934, he was in deep trouble with the movement over a burgeoning obsession with Hitler and Franco—an obsession that was dream-driven and never translated into express admiration. Alienated finally from the entire Surrealist camp, Dali left for America in 1939 to pursue an independent, sensational career. Breton soon followed; at the decade's close, purges and defections had all but desiccated Surrealism as a movement.

Norman Henry Bethune



Born in Gravenhurst, Ont., Norman Henry Bethune (1890-1939) received his M.D. from the University of Toronto in 1916. An uncompromising Communist, he was ostracized by members of the Canadian Medical Association. He traveled to China in 1938 to help the Red Army and died a year later from an infection.

The People's Republic of China issued the stamp in 1960 to honor Bethune, whom they regard as a saint of their liberation struggle and a model of revolutionary selflessness.

Text: Dr. Joseph Kier

Stamp: Minkus Publications, Inc., New York



Start with a clean ear  
in your routine examinations

Remove the cerumen barrier—even excess or impacted cerumen—that may impede a clear view of the auditory canal with highly effective, clinically proven CERUMENEX Drops.

• Simple and easy: (1) Fill earwax canal with drops, keeping patient's head tilted sideways at 45° angle; (2) Insert cotton plug and allow to remain for 15 to 30 minutes; (3) Remove plug and gently wash ear with lukewarm water, using soft rubber syringe.

• A unique, specific cerumenolytic, CERUMENEX Drops enable you to avoid painful instrumentation.

• Usually effective with a single 15 to 30 minute treatment, CERUMENEX Drops have given excellent results in over 90% of about 2,700 adult and pediatric patients.\*

Indications: Removal of excess or impacted cerumen prior to ear examination, otologic therapy, or audiometry. Contraindications: Previous unopened sealed to the drops; positive patch test.

Precautions: Patch test in patients with suspected or known allergy. Use with caution in otitis externa, otitis media, presence of perverted drum, known dermatologic sensitivity or other allergic manifestations. Avoid undue exposure of large skin areas to the drug. Adverse Reactions: Reported incidence in clinical studies\* is about 1%, ranging from mild erythema to severe acneiform reactions of external ear and periauricular areas; all reported uneventful resolution and no sequelae. \*Bibliography and detailed information available upon request.

### Cerumenex Drops

(trihexanolamine polypeptide oleate-condensate  
10.0% in propylene glycol with chlorbutanol 0.5%)

Purdue Frederick

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# The root of antihypertensive therapy



Serpasil...where antihypertensive therapy often begins

Most investigators believe that elevated blood pressure should be controlled to help prevent future complications. But selection of treatment must be based upon the overall condition of the patient—young and old alike. Once you decide on antihypertensive treatment, Serpasil may be a logical choice.

Serpasil...a quality reserpine, assured by quality control

Serpasil, the original reserpine, is established as a quality reserpine. Exact quality control procedures, including 99% taats performed during the manufacturing process, help guarantee its purity, uniformity, and potency.

Serpasil lowers blood pressure and slows rapid heart rate

Serpasil acts both on the autonomic and central nervous systems, lowering arterial blood pressure and slowing heart rate.

Serpasil reduces the "tension" in hypertension

Serpasil eases the "tension" that plays an important part in many cases of hypertension. Warning: Mania, depression, occasionally severe, can occur with use of Serpasil. Discontinue drug at the first sign of depression.

Serpasil...the antihypertensive to build on

If you decide to use Serpasil in combination with other antihypertensive agents, lower dosage of these drugs is permitted, minimizing the incidence and severity of their side effects... an important consideration, particularly in treating the older patient.

**Serpasil<sup>1</sup>**  
(reserpine)  
early effective control of hypertension can save lives

C I B A

**Serpasil® (reserpine)**  
Tablets / Elixir  
**INDICATIONS**  
Mild essential hypertension; adjunctive therapy with other antihypertensive agents in the more severe forms of hypertension.

**CONTRAINDICATIONS**  
Mild hypertension, mental depression (rarely), mental retardation, and tachycardia; in those under 18 years of age, electroconvulsive therapy.

**WARNING**

Use with extreme caution in patients with a history of mental depression. Discontinuance of Serpasil in case of depression, early morning incontinence, loss of appetite, constipation, or self-injury. Drug-induced depression may persist for several months after drug withdrawal and may be severe enough to result in suicide.

MAO inhibitors should be avoided or used with extreme caution.

**Usage in Pregnancy**

The safety of reserpine for use during pregnancy or lactation has not been established; therefore, the drug should be used in pregnant patients or in women of childbearing age only if, in the judgment of the physician, it is essential to the welfare of the patient. Increased respiratory tract secretions, nasal congestion, cyanosis, and anoxia may occur in neonates and breast-fed infants as a result of reserpine. Infants affected by reserpine across the placental barrier and appear in maternal breast milk.

**PRECAUTIONS**

Use cautiously in patients with history of peptic ulcer, ulcerative colitis, or gallstones (biliary colic may be precipitated).

Exacerbation of hypertension in patients with renal insufficiency, use cautiously with digitalis and thiazidines.

Intracorporeal hypertension has occurred in hypertensive patients receiving reserpine preparations. Full withdrawal of reserpine does not assure complete circulatory instability will not occur in these patients.

**ADVERSE REACTIONS**

Gastrointestinal—dryness, constipation, nausea, vomiting, anorexia, diarrhea.

Cardiovascular—angina-like symptoms, arrhythmias (particularly when used concomitantly with digitalis or quinidine); bradycardia.

Central Nervous System—drowsiness, depression, incoordination, tetraplegia, ataxia; oliguria; renal dysfunction; syncope and other extracranial tract synapses. Ocular—dryness manifested by dryness, conjunctivitis, photophobia, uveitis, and optic neuritis.

Miscellaneous—frequently faint, confusion, pruritus, rash, dryness of mouth, ulcers, taste perversion, dyspepsia, hypertension, tachycardia, and other cardiovascular reactions; tinnitus or decreased libido; rhythmic nystagmus at rest; synkinetic infections; weight gain; breast enlargement; paroxysmal hypertension; syncope; rarely weight gain with edema in hypertension patients.

**003AOE**

For Hypertension: In the average patient not receiving other antihypertensive agents, the usual initial dose is 0.5 mg. daily or 1/2 mg. twice daily. If necessary, reduce to 1/2 mg. to 0.25 mg. daily. Higher doses should be used cautiously because serious mental depression and other side effects may be increased considerably. Concomitant use of Serpasil with ganglion blockers, guanethidine, veratrum, hydralazine, methyldopa, chlordiazepoxide, or thiazides necessitates careful titration of dosage with each agent.

**HOW SUPPLIED**

Tablets, 1 mg (white, scored); bottles of 100, 750, 3,000 mg (white, scored); bottles of 100, 500, and 3,000.

Elixir (grape, lemon-lime flavor), 0.2 mg per 4-ml teaspoon; bottles of 1 pint.

Consult complete literature before prescribing.

CIBA Pharmaceutical Company  
Division of CIBA-GEIGY Corporation  
Summit, New Jersey 07901

Wednesday, October 3, 1973

MEDICAL TRIBUNE

## Clinical Trials



by Oldden

## Distress Phone Calls — for MDs or Laymen?

Medical Tribune World Service

GENEVA, SWITZERLAND—The suggestion that a physician, preferably a psychiatrist, should have the chief role in handling telephone distress calls stirred debate here at an international conference of the Federation of Services of Emergency Telephonic Help.

The view was advanced by Dr. Adam Bulewicz, of the Warsaw University Psychiatric Clinic, who pointed out that the most frequent problems prompting distress calls relate to conflict situations and neurotic reactions.

He noted that the emergency services in Eastern Europe are usually staffed by members of the medical profession, whereas lay volunteers answer calls in Western Europe.

On the other side of the argument, the founder of the first telephonic help service, Cad Varah, rector of St. Stephen's Church, London, said that people dialing

a number for emergency help are not primarily interested in medical assistance but rather want human contact.

The keynote speaker at the conference, a psychiatrist himself, Dr. Pierre Bally-Salin, of the Paris Health and Social Services, said he fears possible undue "psychiatrization" of emergency telephonic help.

**Psychiatrist Could Be Trainer**

He advocated that the psychiatrist par-

ticipate in the selection and education of the lay listeners as a "trainer" in regular group therapy session.

In an interview with MEDICAL TRIBUNE, Dr. Bally-Salin said that "the main goal of emergency telephonic help should not be to attract new patients to psychiatric clinics but rather to offer a humane service to listeners and callers whose lives and work have lost their human quality in modern society."

## HERE Pleural effusion



## Japan Ministry Acts to Lessen Food Poisonings

Medical Tribune World Service

TOKYO—Food contamination is causing increasing concern in Japan. There have been recent cases of arsenic poisoning caused by powdered milk, polychlorinated biphenyl poisoning by rice bran oil, dermatitis from detergents, and eye damage from chloroquine, among others.

Now the Health and Welfare Ministry is setting up a nation-wide system to inspect the quality of foods, medicines, and household products. A food and medicine safety inspection center will be based in Tokyo, with a number of local inspection centers in the prefectures. There will also be an information unit and a training unit for inspectors in the National Institute of Hygienic Sciences.

### Health Risk to Be Assessed

The inspection center will study the effect on health of food additives, medicines, and various household products, linking up with the World Health Organization and other information sources abroad. Risks to health not only for adults and children but also for the fetus will be assessed, and genetic dangers will be taken into consideration.

The institute's training section will annually provide advanced technical training to 260 food and medicine inspectors and staff of public health laboratories.

As one of its priority tasks, the center plans to set up-to-date tolerance levels for various substances. The first stage of this work will concentrate on 17 items, among them mercury, the heavy metals, and certain chemicals in detergents and other household products.

For this, the Ministry will assign 100 staff members to full-time duty. The Ministry also plans to request industrial associations of frozen food processors and ice cream, edible oil, margarine, and shortening manufacturers to set up their own facilities to examine their products.

# WHEREVER IT HURTS

## HERE Osteoarthritis



In general, only pain so severe that it requires morphine is beyond the scope of Empirin Compound with Codeine.

Prescribing convenience: up to 5 refills in 6 months, at your discretion (unless restricted by state law); by telephone order in many states.

Empirin Compound with Codeine No. 3, codeine phosphate\* (32.4 mg. gr. 1/2); No. 4, codeine phosphate\* (64.8 mg. gr. 1). Warning—may be habit-forming. Each tablet also contains: aspirin gr. 3/4, phenacetin gr. 2 1/2, caffeine gr. 1/2.

Burroughs Wellcome Co.  
1 Park Ridge Triangle Park  
Ridgefield, Connecticut 06470

# EMPIRIN COMPOUND c CODEINE

#3, codeine phosphate\* (32.4 mg.) gr. 1/2  
#4, codeine phosphate\* (64.8 mg.) gr. 1

If there's good reason  
to prescribe  
for psychic tension...



When, for example, despite

When your patient's somatic complaints are associated with tension and anxiety and you have tried counseling and other supportive measures alone, you may decide to prescribe psychotherapeutic medication. If you do, the question remains: Which one?

Valium (diazepam) is one to consider closely. One that works promptly as an adjunct to continued supportive measures. One that generally produces significant improvement within

counseling, tension and anxiety continue to produce distressing somatic symptoms

the first few days of therapy, although some patients may require more time for a clear-cut response.

Prompt action. One good reason to consider Valium (diazepam).

And should you choose to prescribe Valium, you should also keep this information in mind: Valium is usually well tolerated; the most common side effects reported have been drowsiness, fatigue and ataxia.

As with all CNS-acting agents, patients should be cautioned against operating dangerous machinery or driving. Normally, therapy with Valium (diazepam) should be continued until the patient's psychic tension symptoms have been reduced to tolerable levels.

Please turn page  
for a summary of product  
information.

**Prompt action  
is a good reason  
to consider Valium®  
(diazepam)**

**Valium®**  
ROCHE  
(diazepam)  
2-mg, 5-mg, 10-mg tablets

# Other good reasons to consider Valium® (diazepam)

## Effectiveness

The efficacy of Valium (diazepam) has been proven in clinical studies and in extensive clinical use. It can relieve psychic tension and its somatic symptoms in patients who overreact to stress and in psychoneurotic patients.

## Dependable response

The psychotherapeutic effect of Valium (diazepam), characterized by symptomatic relief of tension and anxiety, is generally reliable and predictable.

## Titratable dosage

With Valium (diazepam), adjustments in dosage can alter the clinical response. This titratability enables you to tailor your therapy for maximum efficiency. There are three convenient tablet strengths to choose from: 2mg, 5mg and 10mg.

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Tension and anxiety states, somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, atrophy, stiff-man syndrome, convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or

severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Supplied:** Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose® packages of 1000.



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, N.J. 07110

## Customer Is Always Right—Even in Stocks

By ELIOT JANEWAY  
Publisher of JaneWay Service

"THE CUSTOMER IS ALWAYS RIGHT," said R. H. Macy, one of the greatest merchants in the history of goods pushing. This memorable dictum holds the key to the riddle of today's stock market.

Merchandising stocks, however, is a different kind of business from pushing inventory off the retail floor past the cash register. The customers buy the merchandise they can see and feel in the store. But the securities they wind up with are sold to them.

In line with this difference, department stores are organized to facilitate customer selection, while brokerage firms jumble the offerings. In department stores, the furniture is in one department, the clothing in another—so that dining room chairs never get confused with night tables, much less with boys' belts.

Brokerage firms have been casual in mixing the merchandise. They have pushed mink and junk interchangeably.

Until the going got rough on Wall Street, the easy sell was enough. Anything goes was the rule. As long as more stocks were going up than down, the customers were complacent about being stuck with occasional losers. Winning with dogs conditioned them to look for baby IBMs in every issue. For a while, the impression spread that chasing stocks was a passport to instant wealth.

For a while, too, the shoe salesmen and the doctors' wives in the market were bragging about doing as well as the limted "go-go" fund managers. All too few brokerage firm managers held out against the speculative craze. But the amateurs and professionals alike who were running wild playing blindman's bluff on Wall Street soon discovered that it is a two-way street.

Before today's two-tier market of growth and cyclical stocks became the vogue, a two-class market of insiders and outsiders was taken for granted. Exactly as in the department store business, the insiders were assumed to have standing invitations to the previews. The outsiders were to find themselves owing the merchandise advertised at the clearances. Rubbing salt in the wound, the insiders won an edge in commission costs.

### Continued Chasing Stocks

The stock market, though hurt, was able to hold its own while the outsiders fared bad but the insiders still looked good. While they still did, the money they were making encouraged them to continue chasing stocks. The longer they did, the more they were encouraged by the hope that their success stories would bring the last sheep from Main Street back into the fold.

Stocks are not likely to regain their lost competitiveness until the Government regains its lost respectability. Interest rates will drop only when it does, not until.

But in terms of market factors, the volume of daily trading is the key to the price trend. Higher prices will not come back until higher volume brings them back. But people make markets. Put in terms of people, the key to higher trading volume is more people investing. The retail money-using public will not go shopping for stocks again until it is ready to buy declarations of the Government at face value. Until it is, market rallies will merely measure false starts by professional handicappers kidding themselves.

The soft spots in the American economy are easier to detect at the outset of the new business year, beginning this Labor Day, than in many a year. Three conspicuous ones are here—and here to stay for a while. The way to recite the "ABCs" of the 1973-74 recession story is

money demands down is jumbling economic data with financial needs. True, a buildup in aggregate money demands, despite a slowdown in the big "ABC" of activity, would be a first, historically. This by no means rules it out. On the contrary, reversals of historical rules have been more likely than not through this crisis. A jump in interest rates, coinciding with a rise in tax rates, was an earlier first staged by this crisis while it was still in a relatively benign stage of build up. So was an intensification of inflation, when relief was indicated by the onset of recession.

Really good news is Democratic Congressman from Arkansas Wilbur D. Mills's successful back surgery. In my judgment, he has become the key to the entire situation—political, economic, and financial, domestic and international.

On page one of the *New York Times*, September 10, his independent statement on trade is quoted.

"One cannot work to liberalize the movement of goods in the world marketplace if the doors are to be slammed shut

upon what Justice Holmes called 'the marketplace of ideas.'

"I cannot see the United States expanding commercial markets with the Soviet Union if the price is to be paid in the martyrdom of men of genius like Solzhenitsyn and Andrei Sakharov."

This statement proves that, far from being out, he will be around—although not in time to give the Administration the quick on-the-spot action on the trade bill it had promised to foreign creditors. This means no quick action on the tax reform deal.

## New Zealand Study Clears Aspirin of Kidney Damage

Medical Tribune World Service

AUCKLAND, NEW ZEALAND—Aspirin does not cause kidney damage, according to a two-year study by New Zealand doctors.

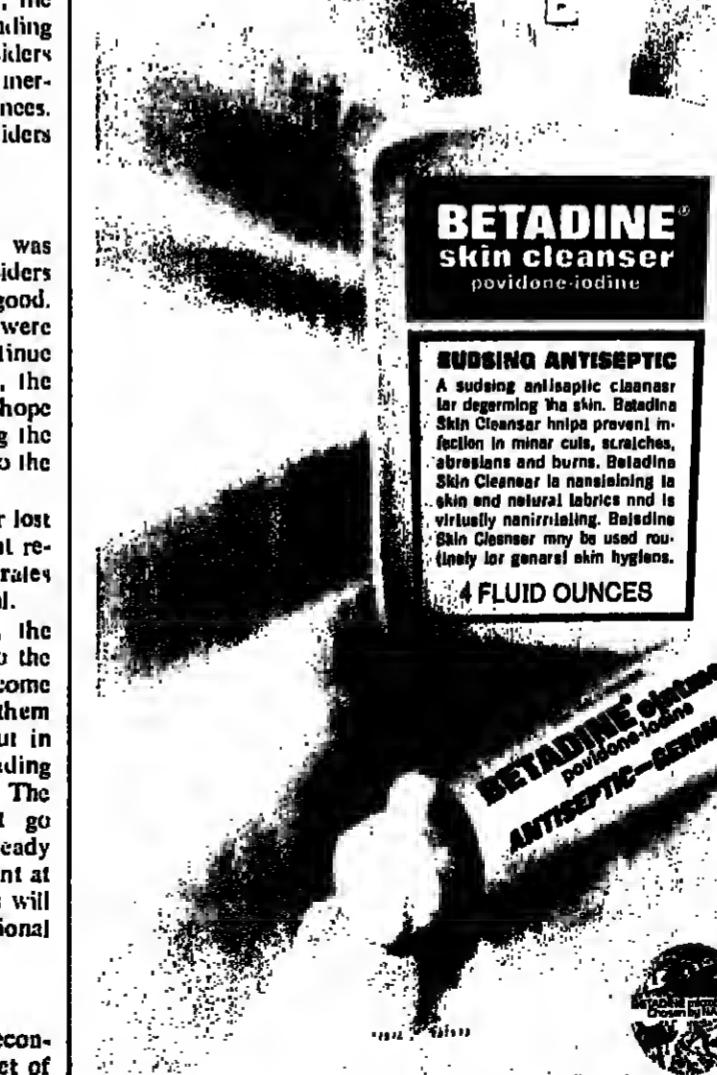
The results were announced by Dr. Richard A. D. Wigley, of the Palmerston North Medical Research Laboratory.

Financed by the New Zealand Rheumatism Foundation, the research covered 900 patients who had been taking aspirin for a long period for relief of rheumatism.

In three patients, aspirin-phenacetin compounds appeared to be responsible for kidney disease, Dr. Wigley said, but none of the patients taking aspirin alone recorded any ill effects to the kidneys.

## Broad-spectrum microbialicidal power

# BETADINE SKIN CLEANSER BETADINE OINTMENT



BETADINE microbicides kill gram-positive and gram-negative bacteria, fungi, viruses, protozoa and yeasts...contain NO hexachlorophene. Virtually non-irritating and nonirritating...nonstaining to skin and natural fabrics.

BETADINE SKIN CLEANSER aids in derusting the skin of patients with common pathogens, including *Staph. aureus*...helps prevent recurrence of acute inflammatory skin infections...helps prevent spread of infection in acne pimplies...can be used in pyoderma, as a topical adjunct to systemic antimicrobial therapy.

BETADINE OINTMENT cures against organisms commonly encountered in skin and wound infections...indicated in infected atopic ulcers and to prevent infection in minor burns, lacerations and abrasions. Not greasy or sticky...the treated area can be bandaged.

BETADINE SKIN CLEANSER: Available in 4 oz. plastic bottle. In the rare instance of local irritation or sensitivity, discontinue use in the individual.

BETADINE OINTMENT: Available in 1/32 oz. and 1/8 oz. packettes, 1 oz. tubes, and 16 oz. (1 lb.) jars.

PURDUE FREDERICK  
DEPT. 1073, THE PURDUE FREDERICK COMPANY/ROCHE, LOR. 2000

# Keeping the mild hypertensive in his place

Esidrix (hydrochlorothiazide) alone frequently lowers blood pressure satisfactorily. Its action is gradual, smooth. And it keeps on exerting its antihypertensive effect.

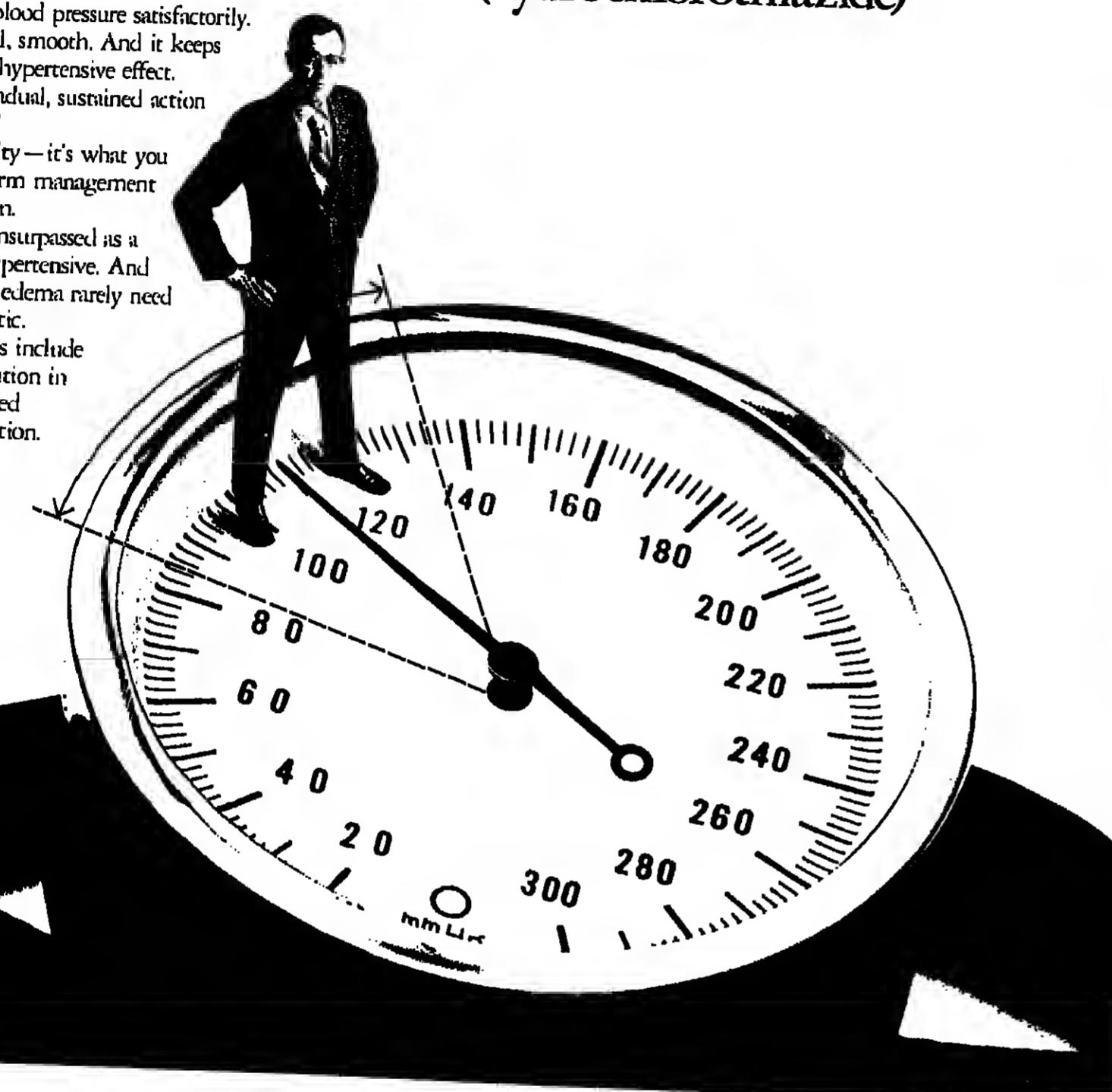
We call this gradual, sustained action "antihypertenacity."

Antihypertenacity—it's what you want in the long-term management of mild hypertension.

Esidrix is still unsurpassed as a basic diuretic/antihypertensive. And many patients with edema rarely need a more potent diuretic.

Contraindications include anuria. Use with caution in patients with impaired renal or hepatic function.

Consult complete literature before prescribing.



## Esidrix®

(hydrochlorothiazide)

Indications: Hypertension and edema.

Contraindications: Anuria; hypersensitivity to this or to other thiazide-derived drugs. This or any other thiazide derivative is contraindicated and possibly fatal to pregnant women with or without mild edema.

Warnings: Use with caution in severe renal disease. In patients with renal disease, thiazides may produce azotemia. Cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may be additive or potentiative of the action of other antihypertensive drugs. Potentiative blocking of peripheral adrenergic receptors may develop in peripheral edema.

Sensitivity reactions are more likely to occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Usage in Pregnancy: Use of thiazides in women of childbearing age requires that the potential benefits of the drug be weighed against its possible hazards to the fetus. These hazards include fetal or neonatal

jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

### Nursing Mothers

Thiazides cross the placental barrier and appear in breast milk.

Prevention of Pseudogout: Determination of serum electrolytes to detect possible electrolyte imbalance. Observe patients for clinical signs of hypochlorhydria, hypokalemia, and hypocalcemia. Serum bicarbonate determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as digitals may also influence serum bicarbonate. Warning signs are dryness of mouth, thirst, weakness, drowsiness, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypertension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Thiazides may develop with thiazides as well as other potent diuretics, especially during diuretic therapy. When severe circulatory or renal failure occurs, the drug may be administered with caution because of the potent diuretic effect of the drug. Dosages of ganglionic blockers should be reduced.

Edema: Initial—25 to 200 mg daily for several days. Maintenance—25 to 100 mg daily or intermittently. Relyatory patients may require up to 200 mg daily.

Supplied: Tablets, 50 mg (yellow, scored) and 25 mg (pink, scored); bottles of 100, 1000, and Accupak blister units of 100.

Consult complete literature before prescribing.

# that's "Antihypertenacity" Esidrix has it (hydrochlorothiazide)

C I B A

## Prompt Surgery Suggested For Tears in Thumb Ligament

Medical Tribune Report

CHARLOTTESVILLE, VA.—Injury to the ulnar collateral ligament of the metacarpophalangeal joint of the thumb, a frequent occurrence in competitive sports, is sometimes overlooked or minimized, with resultant residual thumb-index pinch weakness and instability, investigators from the University of Virginia Medical Center have warned.

These sequelae may occur after an adequate course of conservative treatment, causing the patient to request surgery to alleviate the disability, they said. In most sports, they pointed out, thumb-index pinch is a vital function.

They reported on 41 surgical repairs and reconstructions in athletes for ulnar collateral ligament injuries to the thumb from 1961 to 1972.

Twenty-five of the cases were classified as chronic, with a mean interval of 67 days from injury to surgery. Fourteen of the patients in these cases were treated conservatively with four weeks of cast immobilization followed by splinting. This method failed in all 14, and the patients required a subsequent reconstructive procedure because of functional disability.

Sixteen of the 41 patients were in the acute group, with a mean interval of 10 days from the injury to surgery. The surgical result was excellent to good in all 16, the physicians reported.

In 24 of the 25 chronic cases, it was also either good or excellent, but patients in this group averaged 7° more laxity on abduction stress testing when compared with the acute group. Ten of the chronic cases lost 5° or less of extension of the metacarpophalangeal joint compared with the normal side. Four of the 10 patients also lost 5° or less of flexion compared with the injured side.

While the patients in the chronic group

exhibited slight reduction in strength of pinch and grip, this did not alter their ability to return to athletic competition. The one poor result in the chronic group was in a 55-year-old skier who had surgery performed 13 weeks after his initial injury and in whom there were degenerative changes in the joint at the time of surgery.

"Over all," the investigators reported, "the best results were obtained in the acute cases who had primary ligamentous repair. Satisfactory or good functional results were accomplished with surgical reconstruction for chronic injuries."

All the athletes who participated in team sports subsequently returned to play at the same position without any noticeable change in their functional ability.

Temporary splinting and taping, the investigators observed, may be used to allow continued athletic participation, if this is feasible in the particular athlete, without seriously jeopardizing the final surgical result.

The authors were Drs. Frank C. McCue III, Michael W. Hakala, James R. Andrews, and Joseph H. Gleick.



The ligament is injured by abduction and hyperextension of the thumb and fingers.



Temporary splinting and taping are used to allow continued athletic participation.

Two fine corrections:

1. Dr. John H. McFadden of Cuyahoga Falls, Ohio, received a report on a patient from a consultant; the following day, from the same consultant's office, came: "Supplementary Report: In the middle of the paragraph regarding the skull, the word should be pineal rather than penile body." Pratty atately.

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First version: "I have not as yet made a study of the literature, but one of my colleagues did bring to my attention a single reference to this condition in cats and pigs in a textbook on clinical electrocardiography."

Corrected version: "... a single reference to this condition in Katz and Pick's textbook on clinical electrocardiography."

From Dr. Theodore Burstein of Alameda, Calif.:

"A student nurse was watching her first operation, a cesarean. The patient was the wife of a staff member, who had agreed to a promise from the operator to inform him, as soon as the baby was born, of its sex. During the course of the hurried operation, he forgot his promise and was asked the same questions, you may be forced to answer unless there is a statute giving to your patient the privilege of preventing the answer from answering.

Next week, we'll deal with breaches of confidentiality forced by law.

## Confidentiality in MD-Patient Relations

Continued from page 5

if he fails to order the commitment. Unfortunately, the major problem in all of this is that, as physicians, your success in predicting erratic behavior is rather low and you are unfortunately very likely to order the commitment of a person who would not have harmed anyone and to fail to commit the person who is in fact extremely dangerous—witness the patient who told the psychiatrist that he had been thinking about shooting people from the tower of the University of Texas.

Now, how to handle the policeman who is still in your waiting room? It is important to emphasize that just because you (tautly) refuse to give the information, this does not mean that it is not otherwise available. If you are summoned to court and asked the same questions, you may be forced to answer unless there is a statute giving to your patient the privilege of preventing the answer from answering.

At this point the little nurse spoke.

"Let me see the baby," she said. "I can't wait."

• Dr. Mary L. Cretens of Escanaba, Mich., sent us a surgical note from that city's *Daily Press*: "When the arm bone heals, surgeons will operate again to splice together the severed radial nerve, which controls finger movement."

And keeps the Administration pretty jumpy.

• An ominous sentence was found in the *Newsletter* of the American Academy of Pediatrics by Keith R. McCloskey of Arlington Heights, Ill.

"Sen. Jacob Javits (R-N.Y.) and Rep. Paul Rogers (D-Fla.) have introduced S.3187 and H.14455, identical bills which would provide \$15 million for research, demonstration, and training in venereal disease prevention and control of universities, hospitals, public and private nonprofit organizations..."

Big brother is watching.

## Age of Rats Found Important Factor In Preclinical Evaluation of Drugs

Medical Tribune Report

WEST LAFAYETTE, IND.—The responsiveness of rats to certain centrally acting drugs was found here to increase with age, "clearly demonstrating the importance of the age of the animals as a factor in pre-clinical drug evaluation studies."

The rats were tested for responses to sodium hexobarbital, chlorpromazine hydrochloride, morphine sulfate, and d-amphetamine sulfate, the Purdue University investigators said.

The 1.4% dose of hexobarbital that was required to suppress EEG activity for one second was determined to be approximately 20 per cent lower in animals aged one to 10 months of age than it was in 2.5- to three-month-olds (59 mg/Kg against 74 mg/Kg).

Chlorpromazine produced a greater

hypothermia in older animals at the end of 2.5 hours. Brain levels were the same.

Morphine analgesia was greater in the older rats, particularly at lower doses.

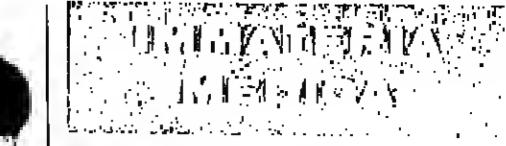
Higher doses of amphetamine produced a greater stimulation of motor activity in the older rats than in the younger.

The investigators were Donald R. Saunders, Tom S. Miya, and Ronald M. Paulino, of the Purdue University School of Pharmacy and Pharmacology.

## Ceylon Physicians Strike

Medical Tribune World Service

COLOMBO—Some 2,000 physicians went on a 24-hour token strike in Sri Lanka in protest against an alleged assault by police on a hospital doctor. The incident occurred after a woman visitor complained she had been refused entry to a ward.



The ligament is injured by abduction and hyperextension of the thumb and fingers.

"Max Von Sydow played Gregera, the monster of audience all but keeled over with her."

"But all the force was out all with the foreigners. The most interesting new play of the year is an English one: 'The Sea' by Edward Bond. Mr. Bond used to run into idealism, as an awkward, grinning, Isaac beanpole; Ernst-Hugo Jaregard was a magnificently self-centered, spoiled Hjalmar, and when Lena Nyman, his puppylike daughter, killed herself, the regular trouble with the Lord Chamberlain when that official operated as theater censor—he once portrayed Queen Victoria as a Lesbian—but he steadily gained in repose, and his chilling 'Lear' two years ago was a triumph."

We respond to this touching faith in the column's wisdom, and only after agonizing thought, with the theory that somnia at the *Times* went bonkers.

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